VS A1S (4) 1SM 9/SB

	9022		CEKIIFI	CAIL OI L	DEATH		Reg. Dist	. No.
PLACE OF DEATH O. COUNTY Ceci	11		MARYLAI	2. USUAL RESID	DENCE (Where deceders)	b. COUN		
b. CITY OR TOWN (If out RURAL and give neorest Elkton	side corporate limits, t town)	write c. LENC	month		FOWN (If outside con Elkton		e RURAL and gi	ve nearest town)
d. NAME OF HOSPITAL (I	f not in hospital, give Jnion Ho	spital		d. STREET A	DDRESS	130		e. IS RESIDENC ON A FARA YES NO
NAME OF DECEASED (Type or print)	First Le	mpi	Middle	AITT	4. DAT	(Aonth B	Day Year
Female 6.5	Thi to	MARRIED X	NEVER MARRIED DIVORCED			9. AGE (In yet lost birthdo	,	YEAR IF UNDER 24 H Doys Hours Mi
during most of working Housewif	ife, even if retired)	ne 10b. KIND Of	F BUSINESS OR II		ACE (Slote or foreign	country)		S.A.
Gustav 1	Kiikka				MAIDEN NAME No recor	d		
(s. no. or unknown) (If yes	U. S. ARMED FORCE give war or dates of servi	S? 16. SOCIAL	SECURITY NO.	George A	itto El	kton, Mc	ddress RD#]	L Box 260
	[Enter only one couse VAS CAUSED BY: MEDIATE CAUSE (o) DUE TO	ARC), (b), ond (c).]	, hea	d, pa	Hereas	5	INTERVAL BETWEE
Conditions, if only, gove rise to imme couse (o), stoting the ylying couse lost.	VAS CAUSED BY: AEDIATE CAUSE (o) DUE TO which diote under- (c)	CARO	CINEMA	BUT NOT RELATED TO	THE TERMINAL DISE			1(o) 19. WAS AUTO
PART I. DEATH VIMA Conditions, if only, gove rise to imme couse (o), stoting the ylying couse lost.	VAS CAUSED BY: AEDIATE CAUSE (o) DUE TO which diote conder- Under- UNDERLYING CAUSE OF DEATH	TIONS CONTRIBU	UTING TO DEATH	BUT NOT RELATED TO		ASE CONDITION		ONSET AND DEA
PART I. DEATH V MA Conditions, if only, gove rise to imme couse (o), stoting the glying couse lost. PART II. OTHER S 200. ACCIDENT WAS UNOR CONTRIBUTING (IF EITHER, NOTIFY MED	VAS CAUSED BY: AEDIATE CAUSE (o) DUE TO which diote conder- Under- UNDERLYING CAUSE OF DEATH	TIONS CONTRIBE	UTING TO DEATH		f injury in Port 1 or	ASE CONDITION Port 11 of item 18.)	GIVEN IN PART	1(o) 19. WAS AUTO
PART I. DEATH V STATE II. DEATH V Conditions, if ony, gove rise to imme couse (o), stoting the glying couse lost. PART II. OTHER S 20a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED 20c. TIME OF INJURY A Hour o.m. p. m. 21. I certify that alive an	VAS CAUSED BY: AEDIATE CAUSE (o) DUE TO which diote diote CC) IGNIFICANT COND! NDERLYING CAUSE OF DEATH ICAL EXAMINER) Aonth, Doy, Year	TIONS CONTRIBI	UTING TO DEATH	JRRED. (Enter nature o	Home, form, 20f. (c) bldg., etc.)	ASE CONDITION Port II of item 18.) City or town)	GIVEN IN PART (Co	1(o) 19. WAS AUTO PERFORMED YES NO
PART I. DEATH V 157 Conditions, if ony, gove rise to imme couse (o), stoting the glying couse lost. PART II. OTHER S 20a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 20c. TIME OF INJURY MED 20c. TIME OF INJURY MED 21. I certify that alive an	VAS CAUSED BY: AEDIATE CAUSE (o) DUE TO which diote diote CC) IGNIFICANT COND! NDERLYING CAUSE OF DEATH ICAL EXAMINER) Aonth, Doy, Year	TIONS CONTRIBI	UTING TO DEATH	JRRED. (Enter noture of the product	Home, form, 20f. (c) bldg., etc.)	ASE CONDITION Port 11 of item 18.) Lity or town) 196 m the causes	GIVEN IN PART (Co	1(o) 19. WAS AUTO PERFORMED YES NO
PART I. DEATH V STATE OF INJURY A HOUR O. M. 20a. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTION CONTRIBUTIO	VAS CAUSED BY: AEDIATE CAUSE (o) DUE TO which diote diote CC) IGNIFICANT COND! NDERLYING CAUSE OF DEATH ICAL EXAMINER) Aonth, Doy, Year	TIONS CONTRIBUTED B. DESCRIBE HOUSE	UTING TO DEATH DW INJURY OCCU OCCURRED of while m. 8/- , and that de	PLACE OF INJURY (I foctory, street, office eath accurred at M.D.	Home, form, 20f. (c) bldg., etc.) ta 8 ADDRESS 22d. LO	ASE CONDITION Port 11 of item 18.) Lity or town) 196 m the causes	GIVEN IN PART (Co That I las and on the wn, stote) The county)	ounty) (Si Stote)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

F . - (1) Estimated auchall the first soon the left guilt

Division, of, STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 42 MEDICAL EXAMINER'S USUAL RESIDENCE (Whare decaasad livad, If institution: Residen PLACE OF DEATH lay is necessary, ral director. Page for your files. a. COUNTY b. COUNTY Cecil Md. MARYLAND Cecil b. CITY OR TOWN (if outside corporate limits, c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give naarast town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) several yrs Colora Boar d. STREET ADDRESS . IS RESIDENCE ON A FARM? State YES NO should be executed within 24 hours after death. It estails in pencil in Item 18. Give Pages 1, 2, and 3 to the Stock of file along with form PM3. Page 5 may be retain a Office along with form PM3. Page 5 may be retain a Office along with file pages 1 and 2 with the Stails and 2 hours after deat 3. NAME OF Middla 4. DATE Last Month Day Year DECEASED OF (Type or print) 19 60 DEATH William ATH 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Hours 28 29 yrs. WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if ratirad) U.S.A. Wisconsin Laborer Pony Farm 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mabel Lindsay Arthur J. Alt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yes giva war or dates of service) 18. CAUSE OF DEATH [Enter only one cause far line for (a), (b), and (c).] Mrs. William Alt. Rising Sun, Md. Office along with burial-transit permi INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Rifam shot in left breast IMMEDIATE CAUSE (a) DUE TO (b) gava rise to immadiata causa "pending" DUE TO d "pending Examiner's (a), stating the undarlying 98 causa lest. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? 90 NO DE Medical CERTIFICA plnods 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of item 18.) sase execute the certificate, writing the should be forwarded to the Chief Mec FUNERAL DIRECTOR: Page 3 should be should be supported to the control of the PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Placed rifle ag ainst chair and chest and hit trigger with sticl 1 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar (County) (State) factory, street, office bldg., etc.) While Not While Cecil Md. at work Colors at work Farm 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 😓 Inquiry and in my opinion agent, I Suicide T. Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Typa) R.C.Dodson Addrass (Street, city, town, or county) 228. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) 40 虿 Jurial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 arthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

I'm 10 -0-11 TEGET INTER the way to the 100 min satural 4224 males . or E | 3010-00-200 min and a satural and a bide dain asymini did bus deeds the above dance of edita Leady . Els 0 LECTION OF CHEST 1030464

old be ation, VS. A15ME(5)

900	hou		E	
9	4 5		5	
sory,	Poge	,	TO FUNERAL DIRECTOR: Page 3 should be used as o burial-transit permit. File pages 1 and 2 with the registral prior to burial-transit	
ece	r.		0	
13	8		rior	
0	0	U	,	
de	erol	OUF	istra	
6	fun	or y	Teg.	
=	the	P P	He	
oth.	0	Sine	vith	
de	od 3	ret	2	
it e	0	be.	and	
373	-	HOY	2]	
ě	ges	5	ogo	
77	Po	Bod	0	
Ē	Sive	3.	iE.	
×	89	PR	rmit	
Core	E	ELIC	D.	
exe	Te	th fe	onsit	
90	.u	W	1-tre	
000	enc	ong	urio	
ST.0	in p	0 0	9 0	
are	.6)ffic	00	
1111		ì	Sec.	
Se	be.	ing	pe	
inis	P	KOM	pla	
EX	W	OF E	sho	
2	the	dice	3e 3	
YAN	ting	Me	200	
1	W	hief	OR:	
2	ote,	Je C	ECT	
LICE	tific	10	000	
100	Cer	ed	AF.	
2	the	ard	TO FUNERAL	
20	ute	OLW	FU	
-	0	-	10	

5M 9/55

	90			L EXAM					DEATH	Reg. Dist.	899	8
	PLACE OF DEATH					2. USUAL RE	SIDENCE (V	Vhere decea	sed lived. If Institu	tian: Residence		iission)
		cil		A	MARYLAND	a. STATE	. bw		b. COUNT	Cecil		
1	b. CITY OR TOWN (If and give negret fown)	outside corporate limits, wri	te RURAL	c. LENGTH OF	STAY IN 1b	c, CITY O	TOWN (II	autside cor	porate limits, write	RURAL and give	nearest ta	iwn)
		R.D.12		46 37	rs:	N	wark	R.D.2				
	d. NAME OF HOSPITA	AL OR INSTITUTION	(If not in hos	pital, give street a	ddress)	d. STREET	ADDRESS				ON	RESIDENCE A FARM?
	NAME OF DECEASED (Type or print) Re	Fi		Midd	-	Los	•	4. DATE OF	Manti-	De 110		Year 60
5. 5		njamin	1-	anklin		ders		DEATH	9. AGE (In years			19 60
3	M	6. COLOR OR RACE	WIDOWEE		CED 8	3-11-			lost birthday) 81 yrs.	Months Days	Hours	Min.
10a	USUAL OCCUPATIO	N (Give kind of work life, even if retired)	done 10b. K	IND OF BUSINESS	OR INDUST			ar fareign (12. CITIZEN	OF WHAT	COUNTRY
•	Farmer	g life, even if refired)		arming		P				II.S	A	
13.	FATHER'S NAME			THE STATE OF		14. MOTHER'S		IAME		LIBOA	A.	
	Thom	as Badders				1	Clizal	neth M	oore			
	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY	NO. 17. II	NFORMANT	LIZA	e un n	Address			100
Tes	no, or unknown)	(If yes, give war or dates of	service) ==		. Mo	ra. Ben	iamin	F. Ra	dders, Ne	THE A sale	Del.	D D O
-		H [Enter only one co	use per line !	for (o), (b), and (c)		. De Derr	Jean FI	r Da	dust's Ne		TERVAL BETW	R-U-G
	Canditions, if an gave rise to immed (o), stoting the u couse lost.	inderlying DUE TO)	Chronic	Nephr	ritis						
CERTIFICATION	PART II, OTH	ER SIGNIFICANT CON	iditions <u>co</u>	NTRIBUTING TO D	DEATH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	19. WAS PERFO	AUTOPSY DRMED? NO
CERTIFIC	20a. EXTERNAL CAU PRIMARY G or CON CAUSE OF DEATH.	SE WAS	0b. DESCRIBE	HOW INJURY OF	CCURRED. (E	nter nature of in	ijury in Par	l ar Port II	af item 18.)			
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Ye	or 20d. II While at wo		facto	CE OF INJURY (ory, street, office	Home, farm bldg., etc.	20f. (Cit)	or tawn)	(County)		(State)
	21. I certify th	at I took charge	of the r	emains descr	ibed abo	ve, held an	Autops	/ D, I	nspection 🔼,	Inquiry [and	find tha
		from: Natural					lomicide		ndetermined c			
	ACTUAL SIGNATURE	lew	0e	laco	n	_M.D. CHIEF A	MEDICAL EX	AMINER			DATE S	CEMOIS
	EXAMINER'S					ASSISTA	NT MEDIC	AL EXAMINE	R			
	NAME (Type)	R.C.Dodson				DEPUTY	MEDICAL	XAMINER [8-	11-60	
	BURIAL, CREMATION REMOVAL (Specify)	8/13/60		Mead of CE		CREMATORY Cistian	naCem		TION (City, town, own, own, own, own, own, own, own,		(Sion	
22. A	FUNERAL DIRECTOR'S LICENT J. M. LOGIST J.	SSIGNATURE page. MCCrery	%270 Wil	O Washi mington		St.,	24a. REC'I	BY REGIST		TRAR'S SIGNAT	URE	

10	4	Almilia	rios)	
	S Statement	car gq	5	
of 5		ar S.		
	tore two		- Park	
	record Till ture on		1000 L 1000 L	
		ne robustio		
The state of the s			modern offers	
An and a second				
LEWIS CO. LAND STREET, PRINCIPLE OF THE			ſ) · O • •	

event within 72 hour the registrar priar ta burial, cremation, or remavol, and in any

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9023

CERTIFICATE OF DEATH

08999

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	CECIL		MARYLAND	2. USUAL RESIDENCE (W. o. STATE MD.	here deceased lived. If institut b. COUNTY		
b. CITY OR TOWN RURAL ond give		its, write c	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF A Rural E	outside corporote limits, write	RURAL ond give nec	arest town)
OR INSTITUTION	HOSPITAL	give street od	dress)	d. STREET ADDRESS	5 7		e. IS RESIDENCE ON A FARM? YES X NO
3. NAME OF DECEASED (Type or print)	JOHN:	rst	Middle C.	COOKE, SR.	4. DATE Mo OF DEATH AUG •	onth Do	1960
5. SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED DIVORCED	B. DATE OF BIRTH April 30. 1	9. AGE (In years lost birthdoy) 55. yrs	Months Days	Hours Min.
10o. USUAL OCCUPAT during most of wo Engines: 13. FATHER'S NAME	orking life, even if retired	1)	nd of Business or Indi Pont Compar	ustry 11. BIRTHPLACE (Stote y Brooklyn 14. MOTHER'S MAIDEN	1, N. Y.	the second secon	S.A.
Merle				Elizabeth	B. Cortely		
15. WAS DECEASED EV {Yes, no, or unknown}	/ER IN U. S. ARMED FOR (If yes, give war or dates of	service)		Mrs. John C.	Cooke, Sr.	nr. Ell	kton, Md
Conditions, if gove rise to couse (o), stoting lying couse lost	g the under-	g	cuque	of loop by	me c fly	rock 2	dys
200. ACCIDENT WORK CONTRIBUTION	THER SIGNIFICANT CON VAS UNDERLYING UNDERLYING OF DEATH Y MEDICAL EXAMINER)	un	Shimboni	OT NOT RELATED TO THE TERM RED. (Enter noture of injury in	Port I or Port II of illemits.)	VEN IN PART (O)	19. WAS AUTOPSY PERFORMED YES O
20c. TIME OF INJU Hour o. m.	. 10	Wille	Not while	PLACE OF INJURY (Home, form octory, street, office bldg., etc.	n, 20f. (City or town)	(County)	(Stote)
alive an	that I attended the	deceased, 19	ond that deal	th accurred at #30	M, from the causes at ADDRESS (Street, city or town	nd an the date	w the deceased e stated abave. DATE SIGNED
220. BURIAL, CREMATH PEMOVAL (Specifi CREMATION	ON, 22b. DATE THEREO	1	22c. NAME OF CEMETERY STLVERBROO	DR CREMATORY K CREMATORY	22d. LOCATION (City, town, Wilmington	_ ' ' _	(Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	F. ()_	ADDRESS	Elicton Md	D BY REGISTRAR 60 246. REG	ISTRAR'S SIGNATU	

Landada Carlona Cardena Errocitys II. 20 Missaleth S. Bourelyon opention and the color of the color of the color of the last the color of the color TREESTITUTE TExtra to the text of the text MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

and 3 to the retained f Poges 1, DEPUTY MEDICAL EXAMINER:

an Moral Li O LE PREPRE DE LA CONTRE DE LA . harek .migro wa site main ang mana ang tipon wood fatafili. GET IN LIGHT OF STATE OF THE ST TOTAL STREET SPACES AND THE STREET OF THE STREET

the funeral directar, should be filed with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09001

24b. REGISTRAR'S SIGNATURE Circhan S. Kraus

902	4 CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	nere deceased lived. If institu b. COUNT	Y CECI
b. CITY OR TOWN (If outside corporate limits, RURAL and give negrest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporote limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION	street address) 0 Spital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print)	Middle P	Davis	4. DATE MC	onth Day Year / 8 1960
	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9-11-84	9. AGE (In year lost birthdoy)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work don during most of warking life, even if retired)	e 10b. KIND OF BUSINESS OR INDU	De la	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME HITAM Pleas AA	dan	14. MOTHER'S MAIDEN N	both E	TEORGE
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates of service)		Alice Marie	Husfelt	Childs, Mc
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).]	brobable	brimary in	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stoting the under-lying cause last.	paneress,	with mer	tastases	8 mos.
10	IONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	inal disease condition g	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Port II af item 18.)	
20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19		LACE OF INJURY (Hame, form actory, street, office bldg., etc		(County) (State
21. I certify that I attended the declive on Ac 9 18	1	h occurred ot/14/5/		that I lost sow the decease and on the date stated above DATE SIGNE
PHYSICIAN'S TILLINAS	D. Johnson	Elk	ton Me	<i>d</i> .
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	or CREMATORY	22d. LOCATION (City, town	

Elkton. Marylandate

ADDRESS

page 3 shauld be detached for use as the burial-transit permit. may be retained by the haspital ar attendin TO HOSPITAL OR ATTENDING PHYSICIAN: VS A1S (4) 1SM 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

aw requires that the death certificate be executed within 24 hours after death. Page 4

s been signed by the attending physician and campletely filled Then please remave carban papers.

ysician.

the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death

A Company of the second and the second property to the property of the state of the s AND THE RESERVE OF THE PROPERTY OF THE PROPERT

	9
1	1. PLACE OF DEAT
7	b. CITY OR TOV RURAL and g

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

	90	45	+ 0 m	CERTIFI	CAT	OF DEATH	1			09	0002	
	PLACE OF DEATH	Cecil		MARYLA		G. STATE	Where decease	b. COUNTY	an: Resider	C I	re admissiar	1)
	B. CITY OR TOWN (III RURAL and give ne Perry Po		write	c. LENGTH OF STAY IN	1 1Ь	C. CITY OR TOWN (II		orate limits, write R	URAL ond	give nec	arest tawn)	
	OR INSTITUTION	AL (If not in hospital, giv				d. STREET ADDRESS					ON A F.	MENGE VEWS ENCE
	NAME OF DECEASED (Type ar print)	First WIL	LIA	Middle M.		DAVIS	4. DATE OF DEATH	Augu		9	y Ye	10
5. 5	Male Male		7. MARR	RIED NEVER MARRIED DIVORCED		3-15-95		9. AGE (In years last birthdoy) 65 yrs.	Manths	Days	Haurs Haurs	24 HRS. Min.
	during most of work Farmi	ing life, even if retired)	10b.	KIND OF BUSINESS OR Farmer		Virgini	a	country)		IZEN O	F WHAT CO	UNTRY?
		ames F. Da	-			Bell Red						
		R IN U. S. ARMED FORCE (If yes, give war or dates of sen WW I	rice)	SOCIAL SECURITY NO. 22-03-3668	17. INFO		s, br				phia, son S	
Z	Canditians, if all gave rise ta is cause (a), stating lying cause last.	the under- (c)_	Car	onchopneumorcinoma of tastasis to	the abd	stomach wi	tth wi	despread	/EN IN PAR	3 u	inknov	vn_
CERTIFICATION	20a. ACCIDENT WA			CRIBE HOW INJURY OCC							PERFOR! YES	MED?
MEDICAL (20c. TIME OF INJUR Haur a. m. p. m.		20d. I While at war	Nat while		E OF INJURY (Hame, fary, street, affice bldg., e		y ar tawn)	((County)		(State)
			X	ded the deceased for the second to the secon	hat dec	ATTENDING THYS.	MED. DIRECTOR	the causes ar	ed an th	e date	22b. 8-10	DATE SIGNED =60
	BURIAL, CREMATIO REMOVAL (Specify)	Aug. 13,19		23c. NAME OF CEMET	ERY OR		23d. LOCA	TION (City, town,	ar caunty)		(State)	
_	EUNEBAL DIRECTOR		300	ADDRESS	FILOW			TRAR 256 REGI			**	

AUG 15 '60

DATE

arthur S. Kraus

Edward Fellows, Cecilton, Maryland

AN SHARLING 3-13-35 when I comet . old old lake King William Committee and Committee Decision, 1880 Addition St. Trivat Janzan Ms or misarmator 2-95 A CONTRACTOR OF THE PARTY OF TH 02-05-B O. D. Differ, with the country of the country with the country with the country of the country o Vbenition, marines Javonia B. 180 Marianova Buskytes, and Cloud, avoling beauti

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9025 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony deloy is necessory, please execute the certificate, writing the word "profige" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examin Office along with farm PM3. Page 5 may be retained for your .

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regists, prior to burial, cremptions. Item 1 FilmG269 8-18-60 et PLACE OF DEATH 12 HELLAL DECIDENCE (Miles decord time of facilitation Peridence before educated) or remayol.

09003 Reg. Dist. No.

"	o. COUNTY	cil		MARYLAND	Maryland	1	b. COUNT	eci	1	10.0	
	b. CITY OR TOWN (If ond give necres) town)	outside carparate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porote limits, write	RURAL o	nd give n	earest to	wn)
L	Elki	ton		9yrs.	Elkton	a. R.I	# 1				
	d. NAME OF HOSPITA	L OR INSTITUTION (I	f not in	n hospital, give street address)	d. STREET ADDRESS					ON	A FARM?
3.	NAME OF DECEASED	Fin	it .	Middle	Last	4. DATE	Month	1	Doy	Υ	eor
	(Type or print)	Caark		C.	Dutton	OF DEATH	Augus	t	8	1	9 60
5.	SEX	6. COLOR OR RACE	7. M	ARRIED NEVER MARRIED B.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE	R TYEAR	-	ER 24 HRS.
	Male	White	WIDO	OWED DIVORCED	May 1. 189	94	66 yrs.	Months	Days	Hours	Min.
10	J. USUAL OCCUPATIO	N (Give kind of work of	lone 1	Ob. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stot	e or foreign c	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?
	adding most of working	ine, even il remedi		Textile	Delav	vare			U.S	5.A.	
13	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
	Will:	iam Dutto	n		Arabel:	la Prt	ettyman				
		R IN U. S. ARMED FOI		16. SOCIAL SECURITY NO. 17. IN	FORMANT		Address		,		
1	No.	to you fine war or acres or t	ret vice)	221-07-3396	Preston E.	Dutt	on, Cla	ymo	nt.	Del	
	18. CAUSE OF DEAT	H [Enter only one cau	se per	line for (o), (b), and (c).]					INTE	RVAL BETWE	EN
	PART I. DEAT	H WAS CAUSED BY:		Acute Corona	ry Thromb	ngia			ONSE	ET AND DE	ATH
	4200	DUE TO		110030 0010110	it y Till Ollo	OPTP					
	Conditions, if an			Arterioscler	กลาล						
	gove rise to Immedi	iote couse		111 4 01 1 0 0 0 1 0 1	02.72						
	(o), stoling the u	nderlying (c)									
Z	PART II, OTHI		DITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERA	AINAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
ATK										PERFO	RMED?
CERTIFICATION	20a. EXTERNAL CAUPRIMARY G or CONCAUSE OF DEATH.	SE WAS	b. DES	CRIBE HOW INJURY OCCURRED. (Ed	nter noture of injury in Po	rt I or Port II	of item 1B.)				2011
	20c. TIME OF INJUR	Y Month, Day, Yeo	r 2	od. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, for	m, i 20f. (City	or town)	IC	ounty)	0 11	(Stote)
MEDICAL	Hour o. m. p. m.	19	0	White Not white facto	ry, street, office bldg., et	c.)			,,		(0.00)
				he remoins described above			spection	Inqu	iry D	, and	find that
	death resulted	from: Notural	cause	Accident . Suid	ide 🔲, Homicid	e 🔲, Ur	ndetermined c	ouse []. `		
	1	000 1	0_	red/1 aca						DATE S	IGNED
	ACTUAL SIGNATURE	xxxx	7 (ouner	M.D. CHIEF MEDICAL E	XAMINER				DATES	C /
	EXAMINER'S	2) 000	8	011100	ASSISTANT MEDIC					84	4-66
	NAME (Type)	XXXX	T	Which	DEPUTY MEDICAL	EXAMINER 2	1				
220	REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	TION (City, town, o	or county)		(Stote	0)
	Burial	8-11-60),		Cem.		Elkton,				
23	FUNERAL DIRECTOR'S	SIGNATURE 2		B. ADDRESS OF THE	77 240. REC	TO BY REGIST	RAR 24b. REGIS	TRAR'S S	IGNATUI	RE	
	The same	0, 77		and a second	DAIL						

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS. A15ME(5) 5M 9/55

MENTERS !

VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9026

CERTIFICATE OF DEATH

09004 Reg. Dist. No.

MARYLAND	a. STATE NO D b. COUNTY LECT
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION Will Off HOSPITAL	d. STREET ADDRESS 136 C Main St. 1 e. IS RESIDENCE ON A FARM? YES NO P
3. NAME OF First Middle (Type or print) 5 A M UEL	HARRIS 4. DATE Month Day Year OF DEATH FUE. 25 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHATE WHATE WIDOWED DIVORCED	B. DATE OF BIRTH Dec. 23 1905 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
during most of working life, even if retired) MERCHANT 3. FATHER'S NAME	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? POLAND 14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	NO IFOR. INFORMANT Address. 7.5. 57 MUFL HARRIS
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. Cause (b) DUE TO Clu, Myon	long Long Long Long Long To year It not related to the terminal disease condition given in part 1(a) 19. Was autopsy
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO ED. (Enter nature of injury in Part I ar Port II af item 18.)
20c. TIME OF INJURY Manth, Day, Year While Not while of wark at wark a	LACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State) actory, street, office bldg., etc.)
ACTUAL SIGNATURE SAMES h. Johnson PHYSICIAN'S NAME (TYPE)	ADDRESS (Street, city or town, stote) M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) MDATE SIGNED ADDRESS (Street, city or town, stote) DATE SIGNED ADDRESS (Street, city or town, stote) DATE SIGNED 24d. LOCATION (City, town, or county) SHARON 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE
	ANAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION J. NAME OF DECEASED (Type or print) S. SEX G. COLOR OR RACE MIDOWED DIVORCED TO USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired) J. FATHER'S NAME J.S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate cause (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (FEITHER, NOTHER, NOTHER MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR a.m. 19

Electric Property the property of the property of the second section of the second section of the s 프로그리트 그 시간 그러워 가는 11시간 첫번째 보고 12시 그렇는데, 그리트 11시간 12시간

M

TO HOSPITAL OR ATTENDING PHYSICIAN: 71-5 law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending sician.

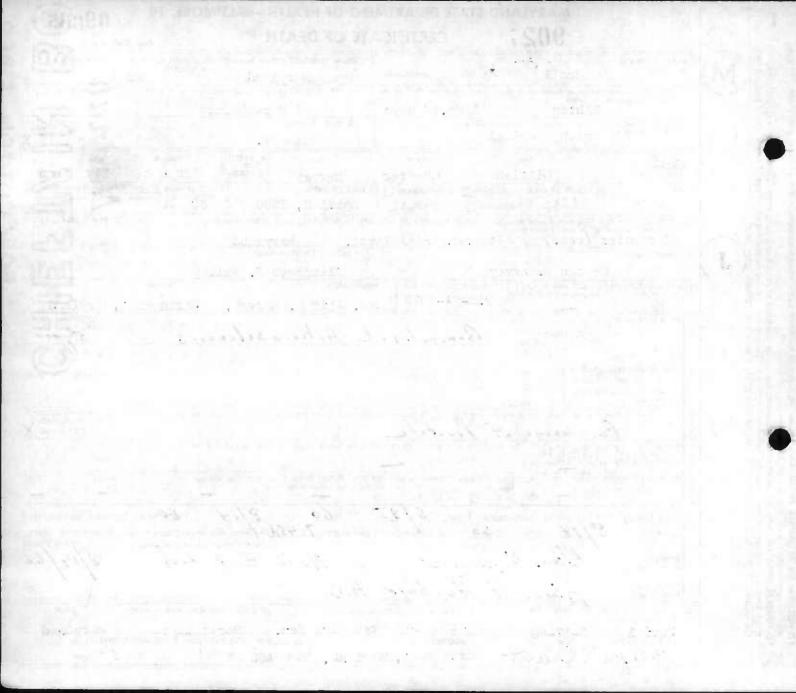
TO FUNERAL DIRECTOR: After this certificate 3-45 been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/SB

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09005

		302	. 6	CERTIFIC	ATE OF DEAT	н		Reg. D	ist. No		
1.	PLACE OF DEATH a. COUNTY	Ceci1		MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary		d lived. If instituti b. COUNTY	an: Reside		re admiss	ion)
	b. CITY OR TOWN (If RURAL ond give ned		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	- Commercial Nation	URAL ond	give ne	arest town	1)
	d. NAME OF HOSPITA OR INSTITUTION	Union Hospital, g			d. STREET ADDRESS Main					e. IS RES ON A YES	FARM?
3.	NAME OF DECEASED (Type ar print)	Fir Will	si Liam	Middle Chester	Lost Harvey	4. DATE OF DEATH	Mon Augu		Do	,	Year 19 60
S.	Male Male	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH April 2, 1	880	9. AGE (In years lost birthday) 80 yrs.	IF UNDE Months	R 1 YEAR Days	Hours Hours	ER 24 HRS Min.
10	during most of working Carpenter	ng life, even if retired)	KIND OF BUSINESS OR INDI terans Adminis		e or foreign o	ountry)	12.CI	USA	F WHAT C	OUNTRY
13	. FATHER'S NAME	George W.Ha	arvey		14. MOTHER'S MAIDEN Elizabetl		riday				20
1S (Y	. WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of s	ervice)	12-01-5073	INFORMANT	Harvey.	Add Nozth		t. Ma	rv1at	nd
Z	Conditions, if on gove rise to im couse (o), stoting to lying cause lost.	he <u>under-</u> DUE TO)	Generalize	L Arterio					SET AND	~ S .
CERTIFICATION	20g. ACCIDENT WAS	arcinoma	e 7	CRIBE HOW INJURY OCCURR				EN IN PA	.K1 1(0)	PERFO YES	DRMED?
MEDICAL CER			20d. II While of wor	Not while f	PLACE OF INJURY (Home, far actary, street, affice bldg., e		or town)		(County)		(State
		Blans	deceas , 194	4	1960, ta_ h accurred at 7:45 M.D. No.th	ADDRESS (S	the causes an treet, city or town,	d an th			
	o. BURIAL, CREMATION REMOVAL (Specify)	8-17-60)F		or CREMATORY Methodist Cem		TION (City, tawn,		Ma	(Stot	
23	FUNERAL DIRECTOR'S	R Fran	ot	ADDRESS North East, Ma		AUG 1 8		STRAR'S S	IGNATU	RE	



MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
9028	CERTIFICATE	OF	DEATH	

09006

			OEKTII TO	AIE OI DEAII			Reg. Dist. No	o
1. PLACE OF DEATH o. COUNTY	Ceci1		MARYLAND	2. USUAL RESIDENCE (WI o. STATE Mary	here decease	d lived. If institution b. COUNTY		ore admission)
b. CITY OR TOWN (RURAL ond give n E1k	1	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		prote limits, write R	URAL and give ne	earest town)
d. NAME OF HOSPI OR INSTITUTION	Union Hos			d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF DECEASED (Type or print)	Firs Charle		Middle P	Lost Holden	4. DATE OF DEATH	Mon August	_	Yeor
s. sex Male	Toth i to	7. MARE	RIED NEVER MARRIED TO DIVORCED DIVORCED	B. DATE OF BIRTH May 6, 1878		9. AGE (In years lest birthday) yrs.	Months Doys	R IF UNDER 24 HR Hours Min.
during most of wor	ON (Give kind of work d rking life, even if retired) (Tet.)	one 10b.	Farming Farm	USTRY 11. BIRTHPLACE (Stote		ountry)	12. CITIZEN O	OF WHAT COUNTRY
13. FATHER'S NAME	illiam W. Ho	1der		14. MOTHER'S MAIDEN P		еу		
(Yes, no, or unknown)	ER IN U. S. ARMED FORG	rvice)	SOCIAL SECURITY NO. 214-36-8733	Mr.George Hol	lden,	Add North	ress 1 East, Mo	i.
Arteriosc	immediate DUE TO the under (c) THER SIGNIFICANT COND Lerotic care	enoitions of the same of the s	ascular diseae	ut not related to the term a and emphysema	a		/EN IN PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING (IF ETHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.	CAUSE OF DEATH WEDICAL EXAMINER) RY Month, Doy, Yea 19 hat I attended the	while of wor deceas	NJURY OCCURRED 20e. Not while of work 20.1.7 20	_M.D	M, fram	y or town) 19 ⁶⁰ , the causes an	ad an the dat stote) 8,	w the decease
220. BURIAL, CREMATIC REMOVAL (Specify BUTIAL) 23. PONERAL DIRECTOR	8-24-60	V -	22c. NAME OF CEMETERY North East ADDRESS North East, Mai	Methodist Cem 24a. REC		TRAP 245 REGI	or county) Cec il Co STRAR'S SIGNAL Lilling J. Th	URE

The street of th and the state of t THE RESIDENCE OF STREET, SALES OF STREET, SALES

death.

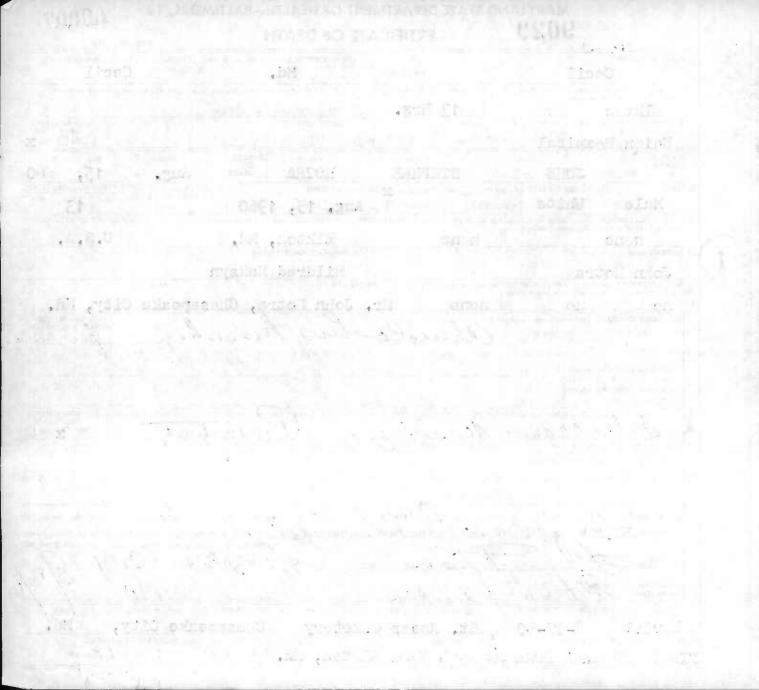
2065301XV4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9029

CERTIFICATE OF DEATH

09007

				Reg. Dist. No.	
D. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institution b. COUNTY	con: Residence before adm	ission)
b. CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest town) E1kton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporote limits, write Rice City	URAL and give nearest to	wn)
d. NAME OF HOSPITAL (If not in hospital, give stree or INSTITUTION Union Hospital	et oddress)	d. STREET ADDRESS	an as	ON	ESIDENCE A FARM?
NAME OF DECEASED (Type or print) JOHN	Middle STEPHEN	HOTRA	4. DATE Mont		Year 19 60
Male White wide	OWED DIVORCED		9. AGE (In years last birthday) yrs.	Months Days How	1
Oa. USUAL OCCUPATION (Give kind of work dane 10 during most of working life, even if retired)		Elkton,		12. CITIZEN OF WHAT	
none) 3. FATHER'S NAME	none	14. MOTHER'S MAIDEN N		0.0.2	•
John Hotra		Mildred	Maksyn		
S. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	NFORMANT	Addr	ress	
(If yes, give war or dates of service)	none Mr	John Hotr	a. Chesapeal	ce City M	d.
Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT A CONTRIBUTING TO DEATH BUT SESCRIBE HOW INJURY OCCURRED	5	emolinaly	PERI	S AUTOPS FORMED? NO
Hour o. m. Wh		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)		(County)	(Stot
21. I certify that attended the dece alive an	100	accurred at	M, from the causes and DDRESS (Street, city or town,		
PHYSICIAN'S A HEAR	4 V. DAVIS			Mo	7/4
REMOVAL (Specify) Burial 8-17-60	22c. NAME OF CEMETERY OF St. Roses C	er CREMATORY Cemetery	22d. LOCATION (City, town, o		ote)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D		STRAR'S SIGNATURE	
PIPPIN FUNERAL HOME	traff & Don F	Elkton, Md.	AUG 2 3 '60	Teller S. Thous	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

the same of the sa TEVERSON STATE OF THE STATE OF Mark Mark To Tall The Mark To The Mark The Control of the Control MATERIAL SECTION STREET Set the set of all the set of the second sec THE WEST OF THE TOTAL STREET THE RESERVE AND ASSESSED.

9031 Reg. Dist. No. 9009 CERTIFICATE OF DEATH if director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND 601 death. funerai b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest lown! pla 0 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO 3. NAME OF 4, DATE Middle Month Day Year DECEASED OF DEATH (Type or print) 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthdoy) Months Days Hours DIVORCED | WIDOWED X papers. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup 6 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Car mave 15. WAS DECEASED EVER IN II. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute cerebrovascular accident with hemiplegia 6 weeks IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate per DUE TO cause (a), stating the underlying couse lost. ial-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Arteriosclerotic cardiovascular disease: hypertension YES NO P 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a. ft. While Not while of work of work 21. I certify that I attended the deceased from July 16 ..., 19.60, to Aug. 27, 19.60, that I last saw the deceased and that death occurred at 10:302M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 27/60 ACTUAL 233 E. Main Street shauld FUNERAL Page 3 shau PHYSICIAN'S NAME (Type) Elkton Maryland ANDREWS 220 BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) 0 ADDRESS 23. FUNERAL/DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) DATE AUG 3 0 '60 arihur S. Thous 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MT OF HEALTH-HEALTHWORE TE	MARYLAND STATE DIPARTMI
	ADRIBED FULL
399 W. Marin 277	
	District and Date of Date of the Date of t
10 A	
	Surveyedenso por se al Wilson Million mail mel de la company de la compa
Tello per al la reconstruir y substituti i ancientari principali della d	
	The second part to accomp out to be made to an including the second seco
	And the second second of Assettle

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	THE RESERVE OF THE PARTY OF THE			176
			Sall	1000000
17/		4.0	purulo.	
	ORD STATE			
			ne bill weren	
ne district	manufacture allegation			
			and the second	
	TO THE ACT OF THE ACT			
			and the second	

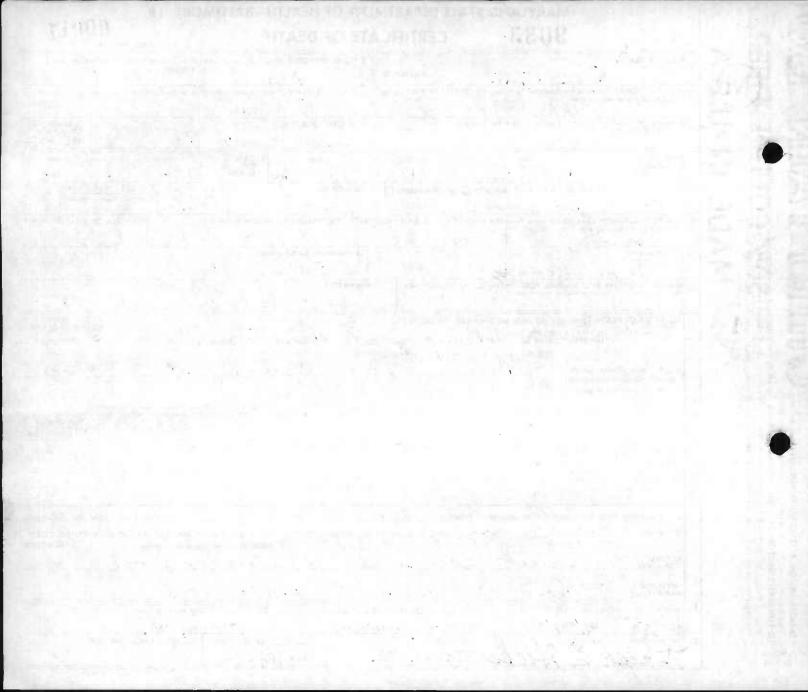
VS A15 (4) 15M 9/5B

6	1	6
-	X	*
CTOL,	with	1
olle	7	P
unero	P	1
rner	shoul	1
Xo.	and 2	-
ficore rids been signed by the aftending physician and campletely tilled by the functor director	the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fitted with	
lerely	S. Pa	
сашр	paper	ath.
n and	arbon	ifter de
Physicic	TOVE C	ar removal, and in ony event within 72 hours after death.
guip	ise rer	n 72 1
arten	polar	withi
y the	Ther	event
ed D)	rmit.	ony
sign	it pe	nd in
peen	-trans	al, ar
SIDIL	ourial-	remove
LICOIL	the 1	OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9033 **CERTIFICATE OF DEATH**

19011 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE b. COUNTY C. C.
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION UNIVERSAL OF THE CONTROL OF THE CO	d. STREET ADDRESS On a FARM? VES NO ID
3. NAME OF First Middle (Type or print) William LENT	4. DATE Month Day Year OF DEATH HUG 23 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min. 74 yrs.
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) Farming 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	SUSAN Heath NFORMANT Address J. Robert Keithley Elkton, Md
Canditions, if any, which gave rise to immediate cause (a), stating the under-	otic Heart Discase & Interval Between onset and Death 5 mos.
(6)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \(\subseteq \)
	D. (Enter nature of injury in Part I or Part II of item 1B.)
	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.) (City or town) (Caunty) (State)
21. I certify that I ottended the deceased from Apralice on tag 23, 1966, and that death	noccurred at 414013 M, from the couses and on the date stated above. ADDRESS (Street, city at tawn, state) DATE SIGNED M.D. 123 Sinscript (440)
PHYSICIAN'S Tillman Dohnson	Ellton, Md
220. BURIAL, CREMATION, REMOVAL (Specify) 8/26/60 Elkton Cemetery O	PRICEEMATORY 22d. LOCATION (City, tawn, or caunty) (State)
23, FUNERAL DIRECTOR'S AIGNATURE HICKS Elkton, Md	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



10

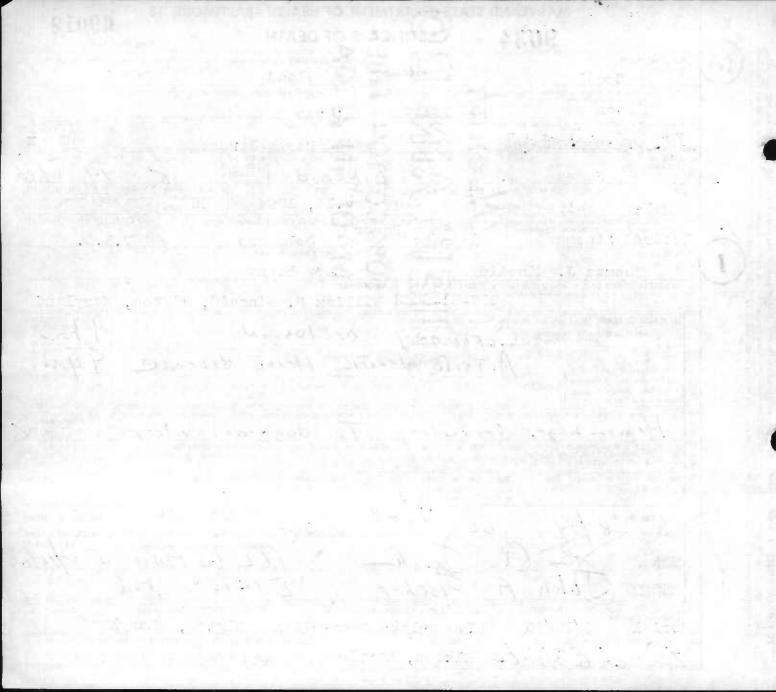
VS A15 (4)

15M 9/5B

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
1 1 1 1 2		O	

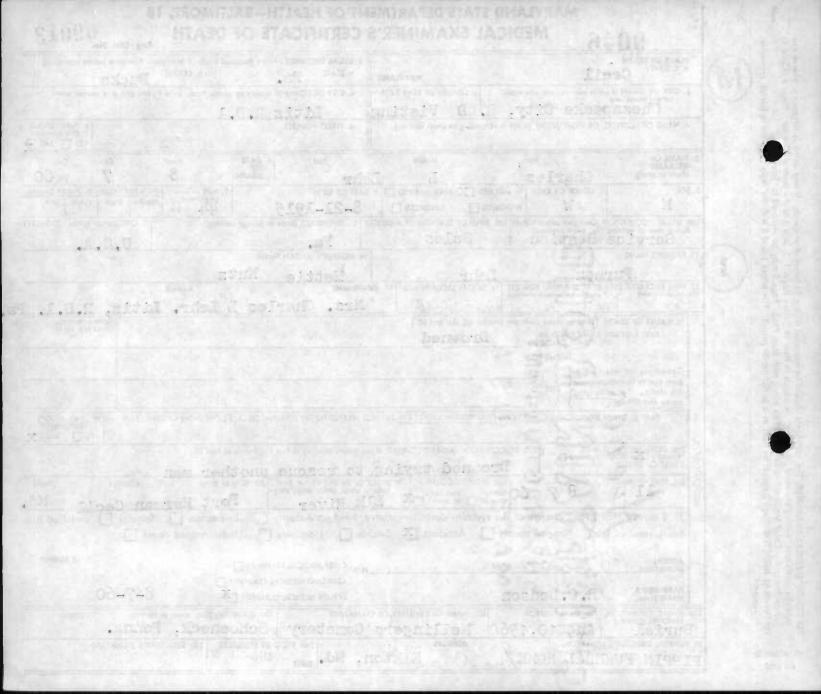
09012

9034 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY MARYLAND Cecil Cecil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Elkton vears Elkton d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO X Un 430 Morth Street North NAME OF First Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 1960 James INCAID IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Hours Days Nov.15. 1894 DIVORCED | WIDOWED | White Male YES. 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Conowingo Power Retired Lineman Delaware Company 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas J. Kincaid Mary Young IS. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMAN1 16. SOCIAL SECURITY NO William P. Kincaid. Elkton. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN OCCIUSION PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) -Terrosclerotic Heart disease DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? and drave YES NO TO COL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Haur o. m. While Nat while 19 ot wark ot work p. m. 60 19_6_That I last saw the deceased 21. I certify that I aftended the deceased fram 60 19 and that death accurred about alive an M, fram the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOYAL (Specify) Elkton. Immaculate Conception Maryland uria 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE anthur S. Kines Elkton. Maryland DATE alig 1 8 '60



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9046 crematian Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY Cecil O. STATE b. COUNTY MARYLAND Bucks buriol. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City. Visting Litiz R.D. I 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO S 3. NAME OF First Middle 4. DATE Lost Month Year DECEASED 8 (Type or print) Charles DEATH 19 60 Lohn jo 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Service Station Sales 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME pages Pages Kutz 5 Hattie Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give Charles L Lehr. Litiz, R.D. Mrs. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Drowned with form IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. ng. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY OS cate PERFORMED? certific NO DC 20a. EXTERNAL CAUSE WAS PRIMARY Der CONTRIBUTING CAUSE OF DEATH. CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) pe 9 3 should to rescue another man WEDICAL Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Chief Medical Not while Port Herman Cecil at work ot work Md. p. m arwarded to the Chief Medi-FUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection Inquiry , and find that death resulted from: Natural causes , Accident Suicide , Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** R. C. Dodson 8-7-60 cute the DEPUTY MEDICAL EXAMINER NAME (Type) Forw 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOYAL (Specify) 10 10,1960 Mellingers Cemetery Schoeneck, Penna. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AUG 11 60 VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Reg. Dist. No.

Months

IS RESIDENCE

YES NO

Year

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

Sunna

WAS AUTOPSY PERFORMED? YES NOT

(Stote)

DATE SIGNED

(Stote)

(County)

19/00

01 VS A15 (4) 15M 9/58

Some that we have the same of the same of

the second of the last of the second of the

Bank of the English of March 12 to the Control

which the state of the state of the same

BEESE WAS EVILLED TO SEE SEE ADDIES

The state of the s

process of the second s

A Property of the second was all the second

The state of the s

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
9036	CERTIFICATE	OF	DEATH	

036	CERTIFICATE	OF	DEAT
000	CERTIFICATE	VI	PLAI

Pag Not No 09015

										131. 140.	1	
1. PLACE OF DEATH o. COUNTY Cec	il		MARYLA		a. STATE	VCE (Whe	re decease	d lived. If institut b. COUNT			e odmissi	on)
b. CITY OR TOWN (IF RURAL and give ne Elkton	outside carporate limi orest lown)	its, write	c. LENGTH OF STAY IN	X	c. CITY OR TOV		tside carpo	rate limits, write	RURAL and	give near	rest tawn)
d. NAME OF HOSPITA OR INSTITUTION Union Hosp		give street	oddress)	1	d. STREET ADD	RESS				•		DENCE FARM? NO X
3. NAME OF DECEASED (Type or print)	Gertru	de	Middle		Manlove		4. DATE OF DEATH	Augu		Day 14,		9 60
5. SEX Female	White	WIDOWE] A	pate of Birth pril 29,			9. AGE (In years last birthday) 62 yrs	Months	Days	Haurs	R 24 HRS. Min.
Verried PCII	N (Give kind of working life, even if retired OOL Teache	dane 10b.	kind of Business or i		MG.			ountry)		TIZEN O	F WHAT	COUNTRY
19. FATHER'S NAME	1 0000			١	4. MOTHER'S MA							
John L. Man 15. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.	17. INFO	Mary An	ders	on	Ad	dress			
(Yes, no, or unknown) (t yes, give war or dates of s			Mrs	Clara	Burk	e.		ilton	. Md		
	TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	. 7	Getor (a) (b), and (c).]	ple	gin					INTE	RVAL BET	WEEN DEATH
33/> Conditions, if an		1	abre cr	and.	the &	lone	mh	iga		3	de	70
gave rise to in cause (a), stating t lying cause last.												
Z PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO TH	IE TERMIN	IAL DISEAS	E CONDITION GI	VEN IN PAI	RT 1(a) 19	PERFO	RMED?
- 1	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCC	URRED. (E	inter nature of in	ijury in Po	art I or Pari	II of item 18.)		3		
20c. TIME OF INJURY Hour a. ft. p. m.	Month, Day, Ye	While	NJURY OCCURRED 20 Not while at work		OF INJURY (Har , street, office bl		20f. (City	or town)	(County)		(State)
21. I certify the	of I oftended the	decease	ed from Than	10	, 1933,	to_(C	ugu	st 196	€,that I	last so	w the	decease
olive on	us 14	, 12	and that de	eoth oc	curred of	FOF	Moron	the couses	and on t	he date		
ACTUAL	Hu		Mon	M.D	0	PH	DDRESS (SI	reet, city or town	state)	MY	DA	TE SIGNED
PHYSICIAN'S NAME (Type)	HENRI	1 W	DAVIS							141)	70/1
220. BURIAL, CREMATION BUTTAT	Aug. 17,		Cecilton	RY OR CE		1	Ceci	ION (City, town,	or county)	Co:	(State	
23. FUNERAL DIRECTOR'S	SIGNATURE	77	ADDRESS to	71	11		BY REGIST	RAR 24b. REG	ISTRAR'S SI	GNATURI	-	

BINOR MANOR TO PERSON	CERTIFICATE O	
		The state of the state of
	the angle of the common	
		and the second s
Storage of the second states		1000
		2275E
		THE TELEVISION OF THE PERSON O
	4	

ary, please	age 4 should		uriph crowot
loy is necess	girector. P		d of roing
. If ony del	the funeral	ed for your	the registra
ofter deoth	2, and 3 to	y be retaine	ond 2 with
hin 24 hours	ive Poges 1,	Page 5 mo	File pages 1
executed with	Item 18. G	h form PM3.	nsit permit.
should be	in pencil in	e olong wit	o buriol-tro
is certificate	be	mine office	d be used of
AMINER: Th	ing the word	Medical Exor	Page 3 shauld
WEDICAL EX	tificate, writ	to the Chief	DIRECTOR:
JEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please	ute the cer	forworded	O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registration to burial-transat

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Cecil MARYLAND Cecil b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) and give negrest town North East R.D.1. North East. R.D. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO TE 3. NAME OF First Middle 4. DATE Last Month Day Year DECEASED 8 Arthur Maus (Type or print) DEATH 2 60 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. WIDOWED A DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Projection Op. Equip V.A.Admistration U-S-A-New York. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Phillip Maus Ida Ziesia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Gov. employe V.A. Administration, Perry Point, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Mutilated Body IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? NO T 20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) Squatted xdown on P.R.R. Tracks in front of train MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) 1060 at work of work North East, R.D. 1 Cecil 21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that death resulted from: Natural causes . Accident , Suicide , Hamicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER remaya **EXAMINER'S** NAME (Type) R.C. Dodson DEPUTY MEDICAL EXAMINER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE AUG 5 160

	IER'S CERTIFICATE OF DEATH		
C		fig.	
	.1, .2		
		7 (1	
* * * * *	, fun and make		3
	New orless and make the last		
* 6	() () () () () () () () () ()		
		L Architecture at the Contract	
		ALINE AND COMMENT	
		c managed of 8	
to be an a de-			prom.
			SA RESIDENCE
Con Con	Harris Labbrer 1980	no lotte to	

lirectar, ed with	1. [LACE . CO
death.	1	CIT RUF
the f		d. NA OR
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attendig pysician. TO FUNERAL DIRECTOR: After this certificate is been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Baard af Health priar ta burial, cremation, ar remaval, and in any event, within 72 ft urs after death.	3. [Type SEX SEX USU during FATHI
thin ly fi	S. 5	EX
s. Fifer	7	/a]
uted imple per rs at	10a	. USU
d co	1	durii
12 P g	13.	FATH
ocian Sin Sin Sin Sin Sin Sin Sin Sin Sin Si		
iffice hysinaver t, wi	15.	WAS
g b	1	res
ndir ndir nny nny		WAS . no. of COS
atte in o		Ji.
the the and		4
by by al,		Ca
ires ined may		ga
an. sig		Ca gar cau lyir
sicic Seen rans	O	
ial-t atia	SATI	
E Da B	MEDICAL CERTIFICATION	20a. OR (
ifical the the	G	OR ((IF E
r at r at cert cert buri	N N	20c.
PH ala ala ala ala ala ala ala ala ala al	MEC	
TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 may be retained by the haspital ar attendity ysician. TO FUNERAL DIRECTOR: After this certificate is been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages the State Baard of Health prior to burial, cremation, or remaval, and in any event, within 72 thurs after death,		21.
Fen the last		22a.
ATT CCTC CTC de		220.
d bed d		280
AL Daule Board		
SPIT SPIT 3 sk ate	230	BIID
HO age e St	F	REM
5 6 g =	24.	8UR REN BUT
VR A15 (4)	1	X

e law requires that the death certificate be executed within 24 haurs

VR A1S (4) 1SM 9/59

Mex 4.11

	<u> </u>	01			TOULS
1. PLACE OF DEATH a. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryland	b. Co	institution: Residence OUNTY Cecil	befare admission)
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If as			e nearest town)
RURAL and give nearest town) Elkton	15 vrs.	Elkton,	200	Wille KOKAL GIO GIV	e nearest ramin
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle	Last	4. DATE	Manth	Day Year
DECEASED (Type or print) James	Charles	Maxwell	OF	ugust	1. 19 60
	IED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (Ir	n years IF UNDER 1	EAR IF UNDER 24 HRS
Male White WIDOWE		July 29.190	ost birt	thday) Manths Do	ays Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	or fareign cauntry)	12. CITIZE	N OF WHAT COUNTRY
during most of working life, even if retired) Truck Driver	hemical	Virgini	9	U.	S.A.
13. FATHER'S NAME	TIOMILOUI	14. MOTHER'S MAIDEN N			
John Henry Maxw	ell	Mary S	savers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown)	SOCIAL SECURITY NO. 17.	INFORMANT		Address	R.D.5
	29-01-6043	Mrs. Rhoda	M. Maxwe		
18. CAUSE OF DEATH [Enter anly one cause per lin	e for (a), (b), and (c).]	10 1			INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	joronovy	16,000-60s.	-5		Ihs.
420 DUE TO			,		
Canditians, if any, which) (b)	14000-00	fice feil	do	70	
gave rise to immediate	/	100			
lying cause last.	ssive Cor	fig & fail.	-602-5/	grago.	142.
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
CA					YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in f	Part I or Part II of item	18.)	
		PLACE OF INJURY (Home, form		(Cor	unty) (State
Haur a.m. While	IAGI MIIII6	factory, street, affice bldg., etc.	.)		
		10.10.	5 . 5-1		
21. I certify that (I) (this hospital) attend	led the deceased from	19-			, that (I) (we) los
sow the deceosed alive on 30	19 <u>6</u> %, and that	deoth occurred of 2A	M, from the cau	ses ond on the o	dote stoted above
22a. SIGNATURE		ATTENDING	ED STAFF		22b. DATE SIGNEI
1// Rechard) 2		RECTOR PHYS.		112/63
200 PHYSICIAN'S NAME (Type)	/	22d. ADDRESS			
G. H. Richard	ds. Jr.	Port Der	posit. Md	•	
23a. 8URIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City	, tawn, ar caunty)	(State)
Burial 8/4/60		or Memorial		kton. Md	A LIVE
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			Sb. REGISTRAR'S SIGN	NATURE
Baloh & Dlinks	Elkton,	Md. DATE AL		arthur S.	

The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09018

	90	48									Reg.	Dist. No	ò.	
1,	PLACE OF DEATH							SIDENCE (Where deced	sed lived. If Institu	ution: Resi	idence be	fore adm	ission)
	o. COO!\\11	Cecil			MARY	LAND	o. STATE .	Marv	land	b. COUNT	Y Ce	ecil		
-	ond give nearest town	outside corporate limits, write	RURAL	c. LENG	GTH OF STAY	IN 1b	c. CITY O	R TOWN (I	f outside co	porate limits, write	RURAL	nd give r	nearest la	wn)
	Char	lestown		132			X Ru:	ral.		R. D.	1			
•	. NAME OF HOSPIT	AL OR INSTITUTION (f not in hor	pitol, give	e street addres	15)	8. STREET	ADDRESS					e. IS R	ESIDENCE A FARM?
	Sea Mark	Marino					Ell	kton.	, Ma	ryland			_	NO D
3.	NAME OF DECEASED	Fin	\$		Middle		Lo	stt	4. DATE	Mont	h	Day	,	leor .
	(Type or print)	AMOS					MULLI	VS	DEATH	August		19	1	9 60
5. 5	EX	6. COLOR OR RACE	7. MARRI	ED N	EVER MARRIE	8.	DATE OF BIRT			9. AGE (In years lost birthday)		RIYEAR	IF UND	ER 24 HRS.
	Male	White	WIDOWE		DIVORCED	D A	pril :	1, 18	399	61 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATION	ON (Give kind of work on the life, even if retired)	lone 1.0b. 1	CIND OF	BUSINESS OR	INDUSTI	TY 11. BIRTHP	LACE (Stole	or foreign	country)	12. C	TIZEN O	F WHAT	COUNTRY
	etired_G		Hos	D.	Perry		0 1	_	essee		-	II.	S. A	
-	FATHER'S NAME					and	14. MOTHER'S							
							Na	ancy						
15.	WAS DECEASED EV	ER IN U. S. ARMED FOI	CES? 16.	SOCIAL S	ECURITY NO.	17. IN	FORMANT			Address				
	Yes	W. War	ervice)			Mr	s. Ire	ene 1	Mulli	ns, R. 1	D. 1	. E	lkto	n, Md
		TH [Enter only one cau	e per line	for (o), (b	o), and (c).]			-					RYAL BETW ET AND DE	
	PART I. DEAT	H WAS CAUSED BY		Drow	ning							ONS	ET AND DE	ATH
	920	IMMEDIATE CAUSE (6) DUE TO		DIOW	1111116									
	Conditions, if or	o Chitat V												
	gove rise to immed	liote cause										-		
	(o), stoting the s	Inderlying DUE TO												
Z		IER SIGNIFICANT CONE	ITIONS CO	ONTRIBUTI	ING TO DEATH	H BUT NO	OT RELATED TO	THE TERM	INAL DISEAS	SE CONDITION GIV	FN IN PA	PT 1(a)	9 WAS	ALITOPSY
ATIC			- 2										PERFO	RMED?
IFIC	20a. EXTERNAL CAL	JSE WAS 201	DESCRIBE	E HOW IN	JURY OCCUR	RED. (En	ler noture of i	nium in Por	t Lor Port II	of item 18)			1C2 [V]	NO 🗌
CERTIFICATION	20g. EXTERNAL CAL PRIMARY A or CON CAUSE OF DEATH.						rth Ea			or nam 18.7				
	20c. TIME OF INJUS						E OF INJURY			v or town)	10	ounty)		(Stote)
WEDICAL	Hour o.m.	8/ 16	While	N.	ot while	tacto	ry, street, offici	bldg., elc	.) ;	7 8			7	
X	p. m.						th Eas		-	Charles				
		at I took charge								nspection X,	-		, and	find tha
	death resulted	from: Natural	causes L	_, Ac	cident [X],	Suic	ide 🔲, 🕒	lamicide	e [], U	ndetermined o	ause			
	ACTUAL /	9 0 1 1	21	en	1111	11	/						DATE S	LIGNED
	ACTUAL	and	00	0	nu	1	, m.u.		XAMINER _				DAIL .	10110
	EXAMINER'S						ASSISTA	NT MEDIC	AL EXAMINE	_		0.7		
	NAME (Type) R			M.D.				MEDICAL	EXAMINER	X Aug	gust	21,	19	60
220	BURIAL, CREMATIO REMOVAL (Specify)				AE OF CEMETE		REMATORY		22d. LOCA	TION (City, Iown,	or county)		(Slot	e)
	Burlal	8/25/60)		rth Ea	st	Method				orth	Ea	st.	Md.
23.	FUNERAL DIRECTOR	S SIGNATURE	1		ORESS	7/1-			D BY REGIS		STRAR'S S	IENATU	RELIA	
	1-01/1	> V/100	hai	E.	lkton,	IVIC	Le	DATE	WG 29	00				

VS. A15ME(5) 5M 9/55

. 2.1 Olak Decal. The Little of the second of funerol

pe

ploods

poper

an and

physician

offending p

gned

may be retained by the STUNERAL DIRECTOR

0

VS A15 (4)

15M 9/SB

P

3

he

remove

please

The state of the s The second secon

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9049 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

19(12) Reg. Dist. No.

										Rey. L	7151. 140	•	
	PLACE OF DEATH a. COUNTY Cec	il		MARYL	- 1	o. STATE	MCE (WH	ere deceased	lived. If instituti b. COUNTY	-	ecil	ore admis	sion)
	b. CITY OR TOWN (If o RURAL and give near Cecil		, write	c. LENGTH OF STAY I	N 1b		wn (If a		ate limits, write R	URAL and	give ne	arest taw	n)
	d. NAME OF HOSPITAL OR INSTITUTION	(If nat in haspital, giv	ve street	address)		d. STREET ADD	PRESS					ON	SIDENCE A FARM? NO A
3.	NAME OF DECEASED (Type or print)	Laura		Middle Morgan	Pol	lard lost		4. DATE OF DEATH	Aug.		10		Year 19 60
5.	Female 6		7. MARR	RIED NEVER MARRIES		May 16,	189		9. AGE (In years lost birthday) 66 yrs.	Months 1		Hours	DER 24 HRS. Min.
10	during most of working Housew	(Give kind af wark do life, even if retired) Ife	one 10b.	own home	INDUSTR		E (State ylan		untry)		U.S.		COUNTRY
13.	Rober	t T. Morga	n			4. MOTHER'S M		Cochra	n				
¥5.	WAS DECEASED EVER II	N U. S. ARMED FORC		SOCIAL SECURITY NO.	17. INFO		Sti	pa Cec	ilton M				
TIFICATION	Conditions, if any, gove rise to imm cause (o), stating the lying couse lost. PART II. OTHER 20a. ACCIDENT WAS	DUE TO (c). SIGNIFICANT COND		CONTRIBUTING TO DEA						EN IN PA	RT 1(a) 1	PERFC	AUTOPSY DRMED?
MEDICAL CERTI	20a. ACCIDENT WAS I OR CONTRIBUTING [] (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour a. ft. p. m.		While	NJURY OCCURRED Not while k at work	20e. PLACE factory	OF INJURY (Hoo, street, affice bi	me, farm, ldg., etc.	, 20f. (City	or town)		(County)		(Stote)
	21. I certify that alive on August Signature August Physician's NAME (Type) Wall	10 1960 Close Ol	len	shan ?	1960 deoth oc		00P	_M, from ADDRESS (Str	the couses coet, city or town,	nd on	lost so	te stat	deceosed ed obove ATE SIGNED Aug 60
22	o. BURIAL, CREMATION,			22c. NAME OF CEMET				22d. LOCATI Gal	ON (City, town, o	or county)	Md	(Stol	le)
23.	E devery	Collean	2/	Milling &	二分	1/		BY REGISTR		STRAR'S SI		RE	

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

09021

	9050	CERTIFICA	ATE OF DEAT	H	00001
o. COUNTY	CECIL	MARYLAND		Where deceased lived. If institution: MARYLAND b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUR	(AL and give nearest town)
Perry Po	int	7 Days		er Springs	1516
d. NAME OF HOSPIT OR INSTITUTION Veterans	TAL (If not in hospital, give str	eet address)	d. STREET ADDRESS	thamptin Drive	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Albert E.	ROOF	Last	4. DATE Month OF DEATH August 2	
5. SEX	6. COLOR OR RACE 7. M	ARRIED A NEVER MARRIED	B. DATE OF BIRTH	11. 11.02. 11.1. 10.01.0	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
Male	White WIDE	OWED DIVORCED	6-9-96	64 yrs.	
0a. USUAL OCCUPATION during most of wor	king life, even if retired)	Ob. KIND OF BUSINESS OR IND		ter, S.C.	12. CITIZEN OF WHAT COUNTRY U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME	
HOSEA	ROOF			J McCANNS	
	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT	Addres	
Yes	WW-I	247-07-0965	Lillian Roof	(W) Silver Spri	ings, Md.
18. CAUSE OF DEA	ATH [Enter only one couse po	er line for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if of gove rise to it couse (a), stating lying couse lost. PART II. OT	immediate (b) DUE TO	ancer of Prosta		RMINAL DISEASE CONDITION GIVEN	2Yrs6Mo N IN PART 1(0) 19. WAS AUTOPS' PERFORMED?
ES					YES NO
OR CONTRIBUTING	AS UNDERLYING 20b. G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I or Port II of item 18.)	
20c. TIME OF INJUI Hour o. m. p. m.	w		PLACE OF INJURY (Home, f foctory, street, office bldg.,		(County) (State
21. I certify the	at (I) (this haspital) att	ended the deceased fram	8/14/60 death accurred at 6	19, ta <u>8/21/60</u> 3454 fram the causes and	
220. SIGNATURE	m & Keg	elus, M. D.	M.D. ATTENDING PHYS.	MED. DIRECTOR STAFF PHYS.	8721/60 226. DATE SIGNE
22c. PHYSICIAN'S NAME (Type) Stephen	A. Hegedus	M.D.	22d. ADDRESS Perry	Point, Md.	
23a. BURIAL, CREMATIC BREMOVAL (Specify		23c NAME OF CEMETERY	OR CREMATORY Plate	23d. LOCATION (City, town, or	(Stote)
24. FUNERAL DIRECTOR	SIGNATURE	Reverdalet	DATE DATE	REC'D BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE

18884			002
	CHARLE COLUMN		Tions and the
	Silver Surface Silver	92% X 1816	date year
	evial advantage for		Routeday
	15. Jungola		. I switch
, A, 21, T	Checkup, B.C.	Today (Jun D	Palabas
	THE DESCRIPTION OF THE PERSON		SOOR KASH
.M.	Talling Hoof (V) Willes Series		-M
	Afres	one ottended	
	host retr	decide to report	
Distance	Co\18\3		
09/15/8			Stephen C. Key
	, H , Cale Terror	.1.	historiae , a modrode
		50000	1 Pt. 1 - 8 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1	9	0	2	9
. ,	0	17	-	Said

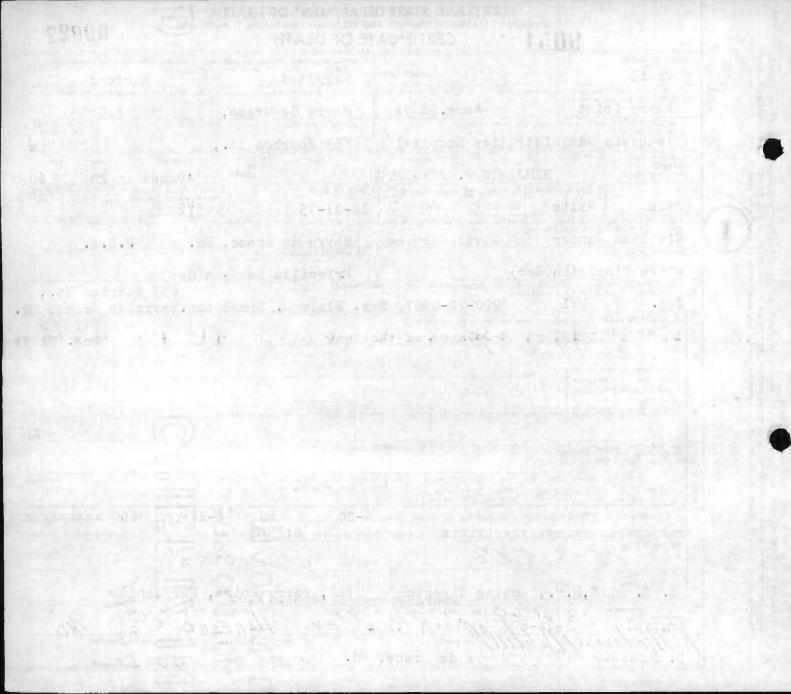
3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 28. 19. 66. (In years in brithly) 10. Months 10. Day Year Obdition of working life, even if relired during most of working life, even if relired Civil Service 12-11-93 100. USUAL OCCUPATION (Give kind of work done of the low string most of working life, even if relired) Civilian Gunner 13. FATHER'S NAME Steve Singleton(dec) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (In Service 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If work or or dole of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Yes. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: (c) Conditions, if only, which gove rise to immediate couse (o), stating the under. (b) gove rise to immediate couse (o), stating the under. (b) gove rise to immediate couse (o), stating the under. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o) 19. WAS AUTOP PERFORMED? YES NOT PERFORMED.			9051	CERI	IFICAL	E OF DEA	IH			10170	and .
RUBAL and give interest town) PETTY POINT Amos. 8days Havre de Grace, d. NAME OF NOSPTAL (if not in hospital, give street address) d. NAME OF NOSPTAL (if not in hospital, give street address) d. NAME OF NOSPTAL (if not in hospital, give street address) No. 1 A RAMIT STRINGTON No. 1 A RAMIT BENJANIN F. SINGLETON BENJANIN F. SINGLETON BENJANIN F. SINGLETON DOY YOU BENJANIN F. SINGLETON Male White WIDOWED DONOCED 12-11-93 DONOCED 12-11-93 MAND USUAL OCCUPATION (Give kind of work done) doing most of working ide, even if reliefed Civil Service Havre de Grace, Md. U.S.A. 13. FAHER'S NAME Steve Singleton(dec) IS WAS DECEASEDEVER NO. S. AMEDICATED NO. 17. INFORMANT Steve Singleton (dec) IS WAS DECEASEDEVER NO. S. AMEDICATED NO. 18. SOCIAL SECURITY NO. 17. INFORMANT Yes. White Steve of the social security No. 17. INFORMANT Yes. White Steve of the social security No. 17. INFORMANT Yes. White Steve of the social security No. 18. Social security No. 18. Elsie S. Singleton. Havre de Grace, No. 18. Monters ANDERN NAME Priscilla Sampson (dec) IS WAS DECEASEDEVER NO. S. AMEDICATED NO. 18. SOCIAL SECURITY NO. 17. INFORMANT Yes. White Steve of the social security No. 18. Social security No. 18. Elsie S. Singleton. Havre de Grace, No. 18. Monters ANDERN NAME Priscilla Sampson (dec) IS WAS DECEASEDEVER NO. S. AMEDICATED NO. 18. SOCIAL SECURITY NO. 17. INFORMANT Steve Singleton Havre de Grace, Md. U.S.A. 10. Condition, If dry, which gave rise to immediate conduction of the lung Occordition, If dry, which gave rise to immediate conduction of the lung Occordition, If dry, which gave rise to immediate conduction of the lung of the social security of the social	M	a COUNTY	н	MA	RYLAND	a. STATE			77 0		1) /
d. NAME OF HOSPITAL (find in heapind, give street address) Veterrans Administration Hospital 653 Bourbon St., Analo Processed (Type or pinn) 3. NAME OF DECASED (Type or pinn) BENJANIN F. SINGLETON BENJANIN F. SINGLETON BENJANIN F. SINGLETON Male White Whove D. DIOOCCED DI		RURAL ond g	ve neorest town)						RURAL ond give	nearest tawn)	
3 NAME OF STATE OF ST	150			ve street address)		d. STREET ADDRE	ESS			ON A F	ARM?
5. SEX S. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In. page TYRAE FUNDER 2/H 12-11-93 10. Interpretation 12-11-93 12. CITIZENOF-WHATCOUNTE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME		3. NAME OF DECEASED	Firs	t Mide	dle		4. DATE	Ma		Day Yes	or
INSTEAD OF STATE OF WHITE WINDS OF STATE OF BUSINESS OR INDUSTRY IN BRITHPACE (Slote or foreign country) In CITIZENOF WHAT COUNTS during most of working life, even if retired) Civil Service Havre de Grace, Md. U.S.A. 13. FATHER'S NAME Steve Singleton (dec) 15. WAS DECRASED EVER IN U. S. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes. WWI 220-22-0987 Mrs. Elsie S. Singleton. Havre de Grace, I infreval services with the first of the lung Infreval services of working life, even if retired of life life life in life life life life life life life life		5. SEX	6. COLOR OR RACE			DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF UNDER	24 H
Civil Service Havre de Grace, Md. U.S.A.		Male	White	WIDOWED DIVOR	CED 🗌	12-11-93		666 Kyrs		ys Hours	Min
13. FATHER'S NAME Steve Singleton(dec) 14. MOTHER'S MAIDEN NAME Priscilla Sampson(dec) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17.	1)	during most of	warking life, even if retired)								UNTR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. 18. 19. 1				OTATI SEL	ATCE			, MQ.	0.0	e.B.e	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. 1		Steve	Singleton (de	2)		Pricail	la Sama	202/202			
Note		15. WAS DECEASED	EVER IN U. S. ARMED FOR	ES? 16. SOCIAL SECURITY	NO. 17. INF		rra pamp			bon St.	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		Yes.	WWl	220-22-098	37 Mr	s. Elsie	S. Sing				
DUE TO DUE TO					(c).]					INTERVAL BETV	WEEN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED? YES NOT 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED? YES NOT 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOP PERFORMED? YES NOT 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(b) 1		gave rise couse (o), sto	if ony, which to immediate ting the under-		VIII	Lung					20.3
20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Steel of work of wore of work	0	PART II.	, (0)		DEATH BUT N	OT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GI	VEN IN PART 1(PERFORA	MED?
21. I certify that (IX (this hospital) attended the deceased from 4-20		200. ACCIDEN OR CONTRIBU	TING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY	OCCURRED.	(Enter noture of inju	ery in Port I or Pa	rt II of item 1B.)			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		20c. TIME OF I	. m.	While Not while				y or town)	(Cou	nty)	(Sto
226. SIGNATURE 226. SIGNATURE 226. PHYSICIAN'S PHYS. 226. PHYSICIAN'S NAME (Type) E. S. ELLS, M. D., Acting Director. 226. ADDRESS VAH. Perry Point, Maryland 236. BURIAL, CREMATION, 236. PATE THEREOFC 23c. NAME OF CEMETERY OR CREMATORY 237. BURIAL, CREMATION, 238. PATE THEREOFC 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, 238. PATE THEREOFC 23c. NAME OF CEMETERY OR CREMATORY 249. DIRECTOR DIRECTOR PHYS. CAN SIGNATURE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE											
E. S. ELLS, M. D., Acting Director. VAH. Perry Point, Maryland 23a. BURIAL, CREMATION. 23b. PATE THEREOF (23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) EMOVAL (Specify) 8-28-60 (And From 1997) (Stole) 22 JUNIOR SUPER SECURITIES (ADDRESS) 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE			RE			ATTENDING	MED.	STAFF		22b. l	DATE
EXPLOYED SECURITY SECURITY ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	1		nel -	Acting Direct	tor.		rry Poi	nt, Mary	rland		
The same of the state of the st	0	REMOVAL (Sp.	city)		PUA	CREMATORY EM.	23d. LOCA	FORD	or county)	(Stote)	
	By	D WAT	ISON MITCHE	will a	race.						1

law requires that the death certificate be executed within 24 haurs ysician.

been signed by the attending physician and campletely filled TO HOSPITAL OR ATTENDING PHYSICIAN:
may be retained by the haspital at attending
TO FUNERAL DIRECTOR: After this certificate

the funeral directar,

VR A15 (4) 15M 9/59



VS A15 (4) 15M 9/58

9052 CERTIFICATE OF DEATH

MA

(19(123) Reg. Dist. No.

B. CITY OR TOWN (If outlied corporate limith, write C. LENGTH OF STAY IN 1b B. C. CITY OR TOWN (If outlide corporate limith, write B. C. CITY OR TOWN (If outlide corporate limith, write B. C. CITY OR TOWN (If outlide corporate limith, write B. C. CITY OR TOWN (If outlide corporate limith, write B. D. C. CITY OR TOWN (If outlide corporate limith, write B. D. C. CITY OR TOWN (If outlide corporate limith, write B. D. C. CITY OR TOWN (If outlide corporate limith, write B. D. C. CITY OR TOWN (If outlide corporate limith, write B. D. C. CITY OR TOWN (If outlide corporate limith, write B. D. C. CITY OR TOWN (If outlide corporate limith, write B. D. C. CITY OR TOWN (If outlide corporate limith, write B. D. C. CITY OR TOWN (If outlide corporate limith, write B. D. C. CITY OR TOWN (If outlide corporate limith, write B. D. C. CITY OR TOWN (If outlide corporate limith, write B. D. C. CITY OR TOWN (If outlide corporate limith, write B. D. C. CITY OR TOWN (If outlide corporate limith, write B. D. C. C. CITY OR TOWN (If outlide corporate limith, write B. D. C. C. CITY OR TOWN (If outlide corporate limith, write B. D. C.	1	1. PLACE OF DEATH		-	St. The St.	2.	USUAL RESIDENCE (V	Vhere decease			e befare	admissian	1)
Perry Point d. NAME OF PROPERTY (Front in hospitol, give street address) ANAME OF PROPERTY (Front in hospitol, give street address) ANAME OF PROPERTY (Front in hospitol, give street address) ANAME OF PROPERTY (Front in hospitol, give street address) ANAME OF PROPERTY (Front in hospitol, give street address) ANAME OF PROPERTY (Front in hospitol, give street address) ANAME OF PROPERTY (Front in hospitol, give street address) ANAME OF PROPERTY (Front in hospitol, give street address) ANAME OF PROPERTY (Front in hospitol, give street address) ANAME OF PROPERTY (Front in hospitol, give street address) ANAME OF PROPERTY (Front in hospitol, give street address) ANAME OF PROPERTY (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospitol, give street address) ANAME OF HOSPITAL (Front in hospital)		a. COUNTY	Cecil		MARYLAND	o. STATE Maryland b. COUNTY BALTIMORE							
Retail Comparison Compariso				its, write	c. LENGTH OF STAY IN 18		c. CITY OR TOWN (IF	autside carpo	prote limits, write R	URAL and g	ive neare:	it town)	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) Veterans Administration Hospital 1621 Dartford Road 1621 Dartford Road Ves ON A FARMY VES		-			30vrs.8mo.		Balt	imore	0	137		1	
Veterana Administration Hospital 1621 Dartford Road Yes No	ú	d. NAME OF HOSPIT	AL (If not in hospitot,	give street	address)						e.	S RESIDI	ENCE
Decay Decay Death August 30 19 60			dministra	tion	Hospital		1621 De	rtfor	d Road				
Type or print HOMER I. SMITH DEATH August 30 19 60		3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Mar	nth	Day	Yeo	or
Male White WIDOWED DIVORCED 3-14-95 (65 yrs. Months Doys Hours Min. 65 yrs. Who will be a support of the first of the firs			H				SMITH		Aug	ust		19	60
Male White WIDOWED DIVORCED 3-14-95 65 yrs. 10. USUAL OCCUPATION (Give kind of work done done done done done done done done		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED					ATE OF BIRTH		9. AGE (tn years				
Miner 13. FATHER'S NAME Phillip Smith Not available from records 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. Yes WI I Unknown Wannie Smith, wife, 1621 Dartford Road, 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PRINTERVAL SETWEEN ONSET AND DEATH gover is a to immediate cause (o), stoling the under lying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 of 199. WAS AUTOPSY PERFORMEDY YES NO. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 of 199. WAS AUTOPSY PERFORMEDY YES NO. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 of 199. WAS AUTOPSY PERFORMEDY YES NO. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 of 199. WAS AUTOPSY PERFORMEDY YES NO. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 of 199. WAS AUTOPSY PERFORMEDY YES NO. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 of 199. WAS AUTOPSY PERFORMEDY YES NO. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 of 199. WAS AUTOPSY PERFORMEDY YES NO. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 of 199. WAS AUTOPSY PERFORMEDY YES NO. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 of 199. WAS AUTOPSY PERFORMEDY YES NO. 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTION OF THE PART I OF 199. THE PART I OF 199		Male	White	WIDOW	ED DIVORCED		3-14-95			Months	Days F	lours	Min.
Miner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Term. or unknown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Term. or unknown) 16. SOCIAL SECURITY NO. INFORMANT 17. Death was cause per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of IP) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of IP) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of IP) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of IP) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of IP) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of IP) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of IP) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of IP) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of IP) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of IP) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of IP) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE ACCUSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART		10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b	KIND OF BUSINESS OR INI	DUSTRY	11. BIRTHPLACE (Stot	e ar foreign c	country)	12. CITI2	ENOFW	HAT COL	UNTRY?
13. FATHER'S NAME Phillip Smith IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? IL SOCIAL SECURITY NO. INFORMANT IS. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. ONE TABLE INMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoling the under lying couse lost. FAST III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of 19). WAS AUTOPSY PER CAMED? YES OR CONTRIBUTING CAUSE OF DEATH [IF ETHER, NOTIFY MEDICAL EXAMINER] 20. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED of work of twork of two work of two			•	,	Coal Mine		West Vi	naini	0	TT	QA.		
IS. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of 19: WAS AUTOPSY PERFORMED) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of 19: WAS AUTOPSY PERFORMED) OR CONTRIBUTING CAUSE OF DEATH US and ACCIDENT WAS UNDERTYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of 19: WAS AUTOPSY PERFORMED) OR CONTRIBUTING CAUSE OF DEATH US and ACCIDENT WAS UNDERTYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of 19: WAS AUTOPSY PERFORMED) VES CONTRIBUTING CAUSE OF DEATH US and ACCIDENT WAS UNDERTYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of 19: WAS AUTOPSY PERFORMED) VES CONTRIBUTING CAUSE OF DEATH US and ACCIDENT WAS UNDERTYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of 19: WAS AUTOPSY PERFORMED) VES CONTRIBUTION CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (of 19: WAS AUTOPSY PERFORMED) VES CONTRIBUTION CONTRIBUTION CONTRIBUTION COURSED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTION CONTRIBUTION CONTRIBUTION COURSED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTION CONTRIBUTION COURSE OF DEATH US and the course of the time of the course of t					OUAL MINE	1					DA.		
S. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate cause (a), stoling the under Jying cause last. OR CONTRIBUTIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I (of 19: WAS AUTOPSY PERFORMED? YES NO.] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I (of 19: WAS AUTOPSY PERFORMED? YES NO.] 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Of work of			Dh:11:-	C	h		Mad and	7-27-	£				
The state of Death Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).] 19. PART I. DEATH WAS CAUSE (b) Pneumonia, bronchial 2-3 days 19. DUE TO DUE TO 19. DUE TO DUE TO DUE TO DUE TO 19. DUE TO DUE TO DUE TO DUE TO 19. DUE TO DUE TO DUE TO DUE TO DUE TO 19. DUE TO			R IN U. S. ARMED FOR	CES? 16.		INFO		Table				363	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate cause (a), storing the under: Immediate CAUSE OF DEATH DUE TO Conditions, if any, which gove rise to immediate cause (a), storing the under: Immediate CAUSE OF DEATH DUE TO DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I (at 19). WAS, AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERTYING CONTRIBUTIONS CON					NT				D D	artim	ore,	Md.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the under lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19: WAS AUTOPSY PERFORMED? YES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DUE TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DUE TO While Not while or work of a work 21. I certify tho protected de deceosed from December 31, 19-29, to August 30 18 Oxfort John the dots stated obove. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. V. A. Hospital, Perry Point, Md. 8-30-60						ann	ie Smith,	wile,	1621 Da	rtigr			deer.
DUE TO Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19: WAS AUTOPSY YES NOTIFIED TO RECONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year While of work of work of work of work of work. 21. I certify tho Kostitended the deceosed from December 31, 19.29, to August 30., 180 they be seemed at the stocked and the stocked and the dots stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. V.A. Hospital, Perry Point, Md. 8-30-60				use per li	ine for (o), (b), and (c).								
Conditions, if any, which gove rise to immediate cause (a), stoting the under. DUE TO Iying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY PERFORMED? YES NO. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20b. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While of work	120	PART I. DEA	IMMEDIATE CAUSE (c	Pr	neumonia, bro	oncl	nial				2-	da	ys
gove rise to immediate cause (a), stoting the under. June 100 Jule 100 June 100 June 100 June 100 June 100 Jule 100 Ju	4.	430	DUE TO)						to the same		•	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(at. 19: WAS. AUTOPSY PERFORMED? YES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year of work		Conditions, if a	ny, which)	, Mr	rocardial inf	are	ation due	to cor	onary of	celma.	on		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(at 1): WAS AUTOPSY PERFORMED? YES NOT PERFORMED. YES NOT PERFORMED? YES NOT PERFORMED. YES NOT PERFORMED. YES NOT PERFORMED. YES NOT P			mmediate (3	-12			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(or) 19: WAS AUTOPSY PERFORMED? YES NOT PERFORMED. YES NOT			me <u>under</u>							. 144	4		
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While at wark of war			-		CONTRIBUTING TO DEATH B	UT NO	T RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	/EN IN PART	1(a) 19:	WAS. AU	TOPSY
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While at wark of war		ATIO									100	PERFORM	VED5
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While at wark of war	U	O ACCIDENT WA	IS LINDEBLYING T	20h DES	CRIRE HOW INJURY OCCUR	DED /	table and the first terms of the control of	Part Lar Par	th II of item 19)		Y	E2 1	**
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While at wark of wark of wark of wark of wark at wark at wark of war		OR CONTRIBUTING	CAUSE OF DEATH	200. DES	CKIDE HOW INJURY OCCUR	KED. (I	enter nature at injury it	n rati i ar rat	T II OT ITEM TO.)				
21. I certify the proportion of the deceased from December 31, 19.29, to August 30 180 xthat for the deceased control of the state o													
21. I certify the proportion of the deceased from December 31, 19.29, to August 30 180 xthat for the deceased control of the state o		O Haur a m	Y Manth, Doy, Ye			PLACE foctory	OF INJURY (Hame, far , street, affice bldg., e	rm, † 20f. (Cit) tc.) !	y ar tawn)	(C	aunty)		(Stote)
ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. V. A. Hospital, Perry Point, Md. 8-30-60		p. m.	19		1401 WILLIE								
ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. V. A. Hospital, Perry Point, Md. 8-30-60		21. I certify th	oxfortended the	deceo	sed fromDecember	, z	1 . 19 20 . to A	nonat	30 180-	About Library	t-saw-t	ممام مط	ograd.
ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. V. A. Hospital, Perry Point, Md. 8-30-60													
ACTUAL SIGNATURE A. J. J. J. M.D. V. A. Hospital, Perry Point, Md. 8-30-60		- SULLA A			4	/III 00	Corred di Trata				dole 3		
			7,4	4		-	77 4 77					0.30	-60
Delivered a constant of the co		SIGNATURE	7,0,	14	arrey	M.D	Y.A. HOS	pital,	Perry Po	oint,	1d	2-20	-00
NAME (Type) / J. L. GAREY Clinical Pathologist		PHYSICIAN'S	/ T T C	VIJGA	1		074-4	7 70 - 41	7				
	1												
REMOVAL (Specify)		PEMOVAL (Specify)								//		(State)	
MEMOVAL 8/4/1860 Baltimore National Baltimore, Maryland		MEMOVAL	18/7//	760		e i							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE	1	23. FUNERAL DIRECTOR	S SIGNATURE	/									
Penninstan & Son Havre de Grace, Md. DATE SEP 7 '60 Cullus S. Kinns		remninat	and the state	A H	avre de Grac	e,	Md. DATE	SEP 7	60 0	irthur S.	there		

A secretarial in the constant of the second Autor the Charles (CDE) I have been been been been been been and the and the state of t Chromosophia Color (1924) and alarm the color Listenmund , Empreson a trible marketton group top or min makes at in three and the Transcription of Marchine Co. 1. Company A-C-C 184, and of growth and the control of the con Asimologia Inches and the second and th and the first of the state of t

certifical

MEDICAL

DEPUTY

0

			CHARLOL STATE		
812 UN	CATE OF DEATH			Maple	
					risat
		6.20	Settled off		ESETT FA
Ţ		181	roifi.		
	1 T	man and a second			
4 2 4	• (• •			1001	
	- 10-2 contact	and the second		a do in a	WILLIAM TO THE REAL PROPERTY.
		200	15 (3) 52 (4) (5) (5)		
* 60	ace dinoi e com "	ALL SOLD IN CO.			
	and solven by the co				
			e di Japano io colo		
7.0	A Part of the contract of the	DA Salar		SHEET YELL	
THE RESERVE	and the second				
	HELD DO NOT THE				
				no	de la constitución de la constit

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

00000

	905		CERTIFIC	AT	E OF DEATH				113	nej	1
1. PLACE OF DEATH o. COUNTY	Cecil		MARYLAN		2. USUAL RESIDENCE (WHO a. STATE Mary	rland	d lived. If instituti b. COUNTY	an: Resider	nce befo	re admiss	ion)
b. CITY OR TOWN (If RURAL and give ne Perry		, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF a	outside corpo cimore		URAL ond	give nec	zrest tawn	4
OR INSTITUTION	AL (If not in hospital, gived and selection) distrat				d. STREET ADDRESS	Carrol	llton Ave	enue			FARM?
3. NAME OF DECEASED (Type or print)	First CH.	ARLE	Middle H.		STONE	4. DATE OF DEATH	Augr		Do	_	Year 19 6(
s. sex Male		7. MARR	IED NEVER MARRIED [8-18-01		9. AGE (In years last birthday) 59 yrs.	Manths Manths	R 1 YEAR Days	Hours	Min.
	ing life, even if retired)		KIND OF BUSINESS OR IF		RY 11. BIRTHPLACE (State Maryland		country)		IZEN OF	WHATC	OUNTRY
3. FATHER'S NAME	lbert L. S	tone	(deceased)		Daisy Br		(decease	d)			
15. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FORCE (If yes, give war or dates of ser WW I	rice)			ormant cy Stone, w	ife,	^# 52 S. Ca	altin rrol	nore	, Md	nue
PART I. DEA'		Ca	e far (a), (b), and (c).]		ostate with			11.50	INTI	erval be set and unkn	DEATH
Conditions, if di											-

gave rise to immediate DUE TO cause (o), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES A NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (State) Day, Year factory, street, affice bldg., etc. MEDI Hour o. m Not while of work of work

21. I certify that the this haspital) attended the deceased fram August 16 160

22a. SIGNATURE 22b. DATE 8-19-60 ATTENDING PHYS. MED. STAFF PHYS. 22c. PHYSICIAN'S

22d. ADDRESS

Pathologist, V.A. Hospital, Perry 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)

BURIAL, CREMATION, REMOVAL (Specify) 60 Baltimore National

Baltimore, Maryland REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR Witzke, Baltimore, Maryland Chilbury S. Kraus DATE AUG 2 2 '60

VR A15 (4) 1SM 9/59

NAME (T

1 (1			A DINIDING	GADU.	
	A Charles Care				
			AVARE COMMENS	alo	
	post northern	2.42	- Link hole hole	e automini v sa	
03 01	tarast				
		1 - 1 -	The second second		
			Beart Stands		
. 200,000,000		Taing Uni	tesamenabl amas	f .t feediam	
			nk \$150-70-215 ng 20 amoniotal ng 20 amoniotal		
		31:5			
00-U-80			1 La 22.23		

I. ottera, bedetmone, acretead

death.

ofter

event

20

cremation,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09026

9054 PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery MARYLAND Maryland Cecil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest lown) Perry Point Rockville 18 Days e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION 208 Mason Drive YES TO NO T Veterans Administration Hospital NAME OF First Middle 4. DATE Month Day Year DECEASED MATRICE R. THOMAS 8 10 60 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS loy arthday) 12-24-10 Manths Days Hours MALE NEGRO WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Montgomery County, Md. Construction USA Truck Driver 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES THOMAS DECEASED ESTERIE MILLS (DECEASED) 17 INFORMANT Mrs. Dorothy L. Carrol-Daughter 204 Martine Lake, Rockville, Mc 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Yes, y or ur 214-18-8237 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN Approx. 2days PART I. DEATH WAS CAUSED BY: Bronchopneumonia, left lower lobe DUE TO Carcinoma of the Pharynx with Metastasis to the Pericardium, pleura bilateral, and nodes Unknown Conditions, if ony, gave rise to immediate DUE TO of the Mediastinum. couse (o), stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) factory, street, office bldg., etc.) o. m While Not while of wark of wark 21. 1 certify that M) (this hospital) attended the deceased fram. 8-9-60 ..ta __8-27_ . 19___ sample courses and an the date stated abave 22o. SIGNATURE ATTENDING STAFF PHYS. PHYS. DIRECTOR T 22c. PHYSICIAN'S 22d. ADDRESS VAH. PERRY POINT. MARYLAND GAREY. M. D 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town) or county 23a. BURIAL CREMATION (Stote) REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR Circles S. Mraces SEP 2

0 VR A15 (4) 15M 9/59

3311111 Volument Adalest a continue Boards of V STATE BANK Lone Living Lone Controllery County, Md. (USE SECTION) TO THE PARTY OF pristal ACA restricted - in the land of the control boot wiel that . hereason alonous The state of the s the state of the s TOTAL PROPERTY OF THE PARTY OF

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9041 CERTIFICATE OF DEATH

(19027 Reg. Dist. No.

C	ecil	MARYL	O STATE	SIDENCE (Whe	ere deceosed	lived. If instituti b. COUNTY			re admissi	on)
b. CITY OR TOWN (If outside corporate limits, writegrest town)	c. LENGTH OF STAY II			tside corpor	ote limits, write R	URAL ond	give neo	rest town)
NORTH	EAST	ll yr	s. NOR	TH I	EAST	THE RESIDENCE				
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give stre	eet oddress)	d. STREET	ADDRESS					e. IS RESI ON A YES	FARM?
3. NAME OF DECEASED	First	Middle	L	ost	4. DATE OF	Mon	ith	Da	у Ү	'eor
(Type or print)	LORA	COLE	TYS	ON	DEATH	AUC	7.0	7	7 1	960
S. SEX	6. COLOR OR RACE 7. M.	ARRIEN NEVER MARRIED	B. DATE OF BIR	HTS		9. AGE (In years lost birthdoy)				
F.	W WIDO	OWED DIVORCED	0 110/5/	1.885	i i	74 yrs.	Months	Days	Hours	Min.
HOUSEW.	ON (Give kind of work done I king life, even if retired)	OWN HOME	CEC:	IL CO.	MD.	untry)		S.A		OUNTRY?
13 FATHER'S NAME			14. MOTHER	'S MAIDEN N	AME					
MARTIN	L. THOMPSON	I	MAR	YR. W	VILLI	AMS				
(Yes, no, or unknown)	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT			Add	ress			
NO			CARROLL	TYSON	J	NORTH	EAST	, MD		16
Conditions, if o gove rise to i couse (a), stating lying couse lost.	mmediate bull to co	ardiac Fai		TO THE TERMIN	NAL DISEASE	CONDITION GIV	/FN IN PA			
PART II. OTI	HER SIGNIFICANT CONDITION							RT 1(o) 1	PERFO	NO
OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING		DESCRIBE HOW INJURY OC	CURRED. (Enter noture		ort I or Port	II of item 1B.)		RT 1(o) 1	PERFO	RMED?
20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m.	AS UNDERLYING DATE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year Who of Medical Examiner 200.	d. INJURY OCCURRED :iile Not while work of work	20e. PLACE OF INJURY foctory, street, off	(Home, form, ice bldg., etc.)	20f. (City	or town)		(County)	PERFOI YES	RMED? NO [
20a. ACCIDENT WOOR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	AS UNDERLYING 20b. E 20b.	d. INJURY OCCURRED hile Not while of work 100 eased from 100	20e. PLACE OF INJURY foctory, street, off 19. 5 death accurred a	(Home, form, ice bldg., etc.)	20f. (City 20f. (City 20f. (City 20f. (City 20f. (City 20f. (City 20f. (City	or town) 60 , 160 , the causes an act, city or town, ION (City, Town, DEPOS)	that I load an the state)	(County) ast saw e date	yes \rightarrow the do stated DATI	(Stote)

THE POOR THE POOR THE . ON THE STEPHEN MINNEY AND HAD specond bus anagro civicallo succiorado nestosk equile calified Control of the Contro

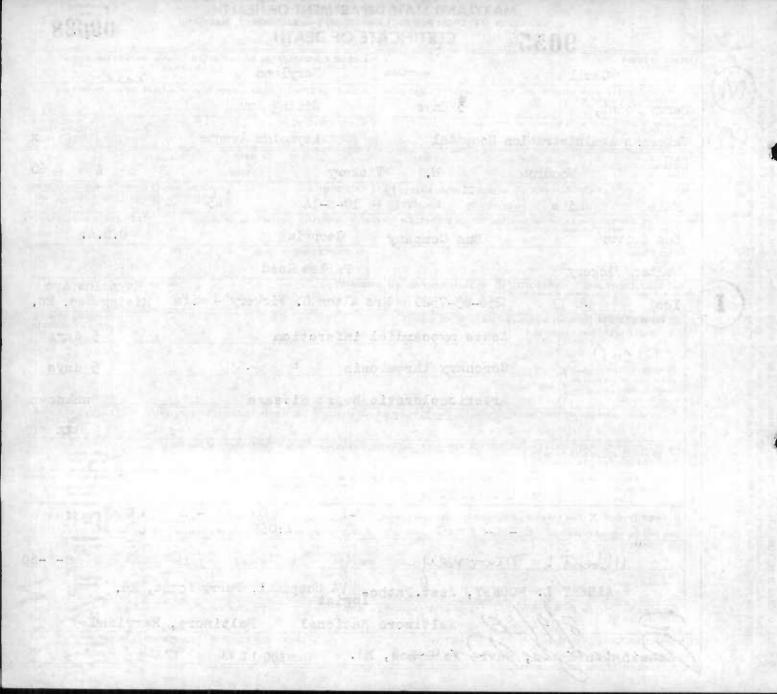
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9055

09028

1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (W		. If institutio b. COUNTY	n: Residence b	pefore admission)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Rising		mits, write RU	IRAL and give	nearest town)		
d. NAME OF HOSPITAL (If not in hospitol, give street of National N		d. STREET ADDRESS Reyno.	lds Avenu	е		e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF First DECEASED (Type or print) Woodrow	Middle V	ickery	4. DATE OF DEATH	Mont 8	h	Day Year 4 19 60		
S. SEX 6. COLOR OR RACE 7. MARR Male White WIDOWE	IED X NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 10-8-14	9. AG	E (In years t birthdoy) yrs.	Months Do	EAR IF UNDER 24 HRS. ys Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver	KIND OF BUSINESS OR INDU Bus Company	STRY 11. BIRTHPLACE (Stote				OF WHAT COUNTRY?		
13. FATHER'S NAME Walton Vickery		14. MOTHER'S MAIDEN Parlee Re				NY THE		
(Yes, no. or unknown) (If yes, give war or dates of service)		rs Alton C. V	ickery -			olds Ave g Sun, Md.		
Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO DUE TO (b) DUE TO (c) Are:	ate myocardia ronary thromb terioscleroti	osis c heart dise	ase	NDITION GIV		interval Between onset and Death onset and Dea		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of	item 18.)		PERFORMED? YES NO		
Hour o.m. While	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Nat while at work of wark of wark 19 of wark 19 Nat while at work 19 of wark 19 Nat wark 19 Nat while at work 19 Nat wark 19 Nat while at work 19 Nat wark 19 Nat							
21. I certify that (M (this haspital) attends saw the deceased alive an 8 - 4- 220. SIGNATURE	ded the deceased fram	death accurred at 4:	OBP from the	- 4 causes and		that P\$ (we) last ate stated abave. 22b.DATE SIGNED 8-8-60		
22c. PHYSICIAN'S NAME (Type) ALBERT L. MOON	EY, Asst.Path	22d. ADDRESS	al, Perry		, Md.			
230. BURIAL CREMATION, 23b. DATE TARREOF	23c. NAME OF CEMETERY C		23d. LOCATION Baltim			(Stote) nd		
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Reference,		C'D BY REGISTRAR		trar's signi			



	DIAISIOIA C	SI SIAIISIICAE RESEARCII AIND RECOI		DAF
)	056	CERTIFICATE OF	DE	AH

09029

300	() JERTHIA	AIL OI DEATH		(, 0 (), 0 ()				
1. PLACE OF DEATH o. COUNTY Cecil	MARYLAN	2. USUAL RESIDENCE (W o. STATE Distr	there deceased lived. If institutions cict of Columbia	: Residence before admission)				
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) Perry Point, Md.		e. CITY OR TOWN (If	outside corporate limits, write RUR					
	1 Month		ington	1//				
d. NAME OF HOSPITAL (If not in hospitot, gi OR INSTITUTION Veterans Administratio		d. STREET ADDRESS	St., N.W.	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print) Preston	st Middle	Watson	4. DATE Month OF DEATH 8	7 19 60				
32	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 2-29-92		FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.				
100. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) Janitor	Not ascertainal			12. CITIZEN OF WHAT COUNTRY				
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME					
Gus Watson		Lu Colli	ier					
15. WAS DECEASEDEVER IN U. S. ARMED FOR IYES, no. or unknown) (If yes, give wor or dates of se		INFORMANT Le Thomas Watso	on (B) 139 Thomson (B) Washingto	st., N.W.				
18. CAUSE OF DEATH [Enter only one con PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate (b)	Bronchial pneu Carcinoma of t			INTERVAL BETWEEN ONSET AND DEATH 4 days Unknown				
couse (o), stoting the under- lying couse lost. DUE TO		DUT NOT BELLYED TO YUE TERM	AINAL DISCASS CONDITION CIVE	NI IN PART 1/-1 10 WAS AUTORS				
Arteriosclerosis,	The second secon			PERFORMED?				
OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in	Port I or Port II of item 18.)					
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m.	or 20d. INJURY OCCURRED 20e While Not while ot work ol work	PLACE OF INJURY (Home, for factory, street, office bldg., et		(County) (State				
21. 1 certify that (*) (this hospital) attended the deceased from 7 - 8 19.60, to 8 - 7 19.60, MAXING WAYNESS ON THE COURSE OF T								
220. SIGNATURE COLLECT L. Mo	oney	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNE				
ALBERT L. MOONEY	, M.D., Asst. Pat	hologist VA H	ospital, Perry	Point, Md.				
35. BURIAL CREMATION, 23b. DATE THEREO REMOVAL (Specify)	60 ARd1	N GTON	23d. LOCATION (City, town, or ARLING)	TON VA.				
24. FUNERAL DIRECTOR'S SIGNATURE	1432 /	DU ST. NUMBATEAU	IG 1 7 '60	RAR'S SIGNATURE				

by the funeral directar, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN. Jaw requires that the death certificate be executed within 24 h may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. Jaw requires that the death certificate be executed within 24

s ofter death. Page 4

VR A15 (4) 1SM 9/59

5 Former Taylor TO VEHICLE ORE (IN CHENNEL ON EXCLUSIVE OUTS TO Bennessed towns of the Color Liber Liber adapted and office of the orange for invaling announced make parante tallo LE LL . LD LE, E.J., May. Palacidate V. Mosjakov, Police Lond, Mr. AN FORESTELLINE SERVICE SERVICE SERVICES SERVICES SERVICES

VS A15 (4) 15M 9/58

9040

CERTIFICATE OF DEATH

(19030) Reg. Dist. No.

-											
	1. PLACE OF DEATH o. COUNTY	il County		MARYLA		USUAL RESIDENCE (WHO O. STATE		d lived. If instituti b. COUNTY			nission)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
5	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION					d. STREET ADDRESS 369 W. Main St.					RESIDENCE A FARM?
	Union Hospital										□ NO FE
	3. NAME OF DECEASED (Type or print)		Charles Elber			Wiles	OF A			Yeor 1960	
	5. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED			8/13/18 8 9		9. AGE (In years lost birthdoy) 71 yrs.	IF UNDER Months	1 YEAR IF UN Days Hou	
	10a. USUAL OCCUPAT	ION (Give kind of work	done 10b. KIND	OF BUSINESS OR	INDUSTRY	, , , , , , , , , , , , , , , , , , , ,	or foreign co		12. CITI	ZEN OF WHA	T COUNTRY?
	during most of working life, even if retired) Carpenter Retired 13. FATHER'S NAME					West Jefferson, N.C. United States					
)											
	Elbert Wiles					Flora Sturgill					
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) ; (If yes, give wor or dates of service)										
	No	TOTAL 165									
2	Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O	immediate DUE TO	COR AR	ONARY TERIO RIBUTING TO DEAT	SCL	EART DE ROS IS TO THE TERM	SISEA	SE E CONDITION GIV	/EN IN PART	T 1(0) 19. WA	44mg
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIPE HOW NJURY OCCURRED. (Phier noture of injury in Port of Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	20c. TIME OF INJU Hour o. m. p. m.	10		Not while	0e. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc	20f. (City	or town)	(0	County)	(Stote)
	alive an	Peter Stav	Souts	-/ 1	death oc	curred at 7.404.			d an the		
	220. BURIAL, CREMATI REMOVAL (Specifi Burial		****	NAME OF CEMET				town, V	or county) Va		tote)
	23. FUNERAL DIRECTO	R'S SIGNATURE	Δ	ADDRESS			D BY REGIST		STRAR'S SIC	GNATURE	4 5 6
	PIPPIN FU	INERAL HOM	E Conald	M. DuE	Ikto	n, Md DATE AL	IG 25 '8	.C. 03	Thur S.	Krous	

CARROLL CHARLEST CARROLL OF ALLE the Lorent tricked to better .D. . . . Jail / Margin' compress (Mint-e) - 408 a property of the second second 4 A DESCRIPTION OF THE PARTY OF T grand to the constant of the second s